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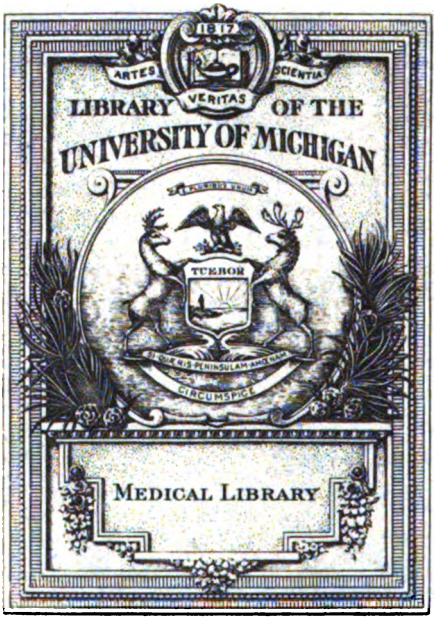

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TRANSACTIONS

OF THE

NEW HAMPSHIRE MEDICAL SOCIETY

AT THE

NINETY-EIGHTH ANNIVERSARY,

HELD AT

CONCORD, JUNE 17 AND 18, 1889.

Concord, N. H.:
REPUBLICAN PRESS ASSOCIATION, 22 NORTH MAIN STREET.
1889.

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Medical Lib.

NEW HAMPSHIRE MEDICAL SOCIETY.

OFFICERS OF THE SOCIETY, 1889-'90.

PRESIDENT.

DR. WILLIAM CHILD, New Hampton.

VICE-PRESIDENT.

DR. LYMAN B. HOW, Manchester.

SECRETARY.

DR. G. P. CONN, Concord.

TREASURER.

DR. D. S. ADAMS, Manchester.

EXECUTIVE COMMITTEE.

DR. CHARLES R. WALKER, Concord.
DR. GEORGE D. TOWNE, Manchester.
DR. JOHN R. KIMBALL, Suncook.

ANNIVERSARY CHAIRMAN.

DR. THOMAS HILAND, Concord.

COMMITTEE OF ARRANGEMENTS.

DR. I. A. WATSON, Concord.
DR. THOMAS HILAND, Concord.
DR. GEORGE COOK, Concord.
DR. H. C. CUMMINGS, Concord.
DR. GEORGE M. KIMBALL, Concord.

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COUNCIL.

Dr. JOHN J. BERRY, Portsmouth.
Dr. ROBERT BURNS, Plymouth.
Dr. C. W. GROSS, Milton Mills.
Dr. STEPHEN VITTUM, Laconia.
Dr. W. B. PORTER, Walpole.
Dr. FRANK T. MOFFETT, Littleton.
Dr. F. A. STILLINGS, Concord.
Dr. D. P. GOODHUE, Springfield.
Dr. H. C. HOLBROOK, Penacook.
Dr. W. H. ALDRICH, Marlborough.
Dr. CHAS. B. DRAKE, West Lebanon.
Dr. HENRY MARBLE, Gorham.
Dr. W. W. WILKINS, Manchester.
Dr. JAMES H. WHEELER, Dover.
Dr. EDWARD FRENCH, Concord.
Dr. A. P. RICHARDSON, Walpole.
Dr. ELLEN A. WALLACE, Manchester.
Dr. JAMES M. SULLIVAN, Manchester.
Dr. GEORGE W. McGREGOR, Littleton.
Dr. GEO. C. BLAISDELL, Contoocook.

CENSORS.

Dr. D. S. ADAMS, Manchester.
Dr. THOMAS HILAND, Concord.
Dr. JOHN W. PARSONS, Portsmouth.
Dr. C. B. HAMMOND, Nashua.
Dr. G. D. TOWNE, Manchester.
Dr. I. J. PROUTY, Keene.
Dr. LEONARD JARVIS. Claremont.
Dr. J. C. EASTMAN, Hampstead.
Dr. C. B. DRAKE, West Lebanon.
Dr. M. C. LATHROP, Dover.

EXECUTIVE BOARD TO ISSUE LICENSES.

D. S ADAMS, President.
THOMAS HILAND, Secretary.
JOHN W. PARSONS, Associate.

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COMMITTEE ON PUBLICATION.

DR. G. P. CONN, Concord.
DR. D. S. ADAMS, Manchester.

[The Publication Committee desire to have it understood that the publication of any paper does not constitute an endorsement by the society.]

COMMITTEE ON THE HISTORY OF MEDICINE IN NEW HAMPSHIRE.

DR. I. A. WATSON, Concord.
DR. WILLIAM CHILD, New Hampton.
DR. J. W. PARSONS, Portsmouth.
DR. WILLIAM T. SMITH, Hanover.
DR. G. P. CONN, Concord.

All communications intended for this committee should be addressed to the chairman, Dr. Irving A. Watson.

The next annual meeting of the New Hampshire Medical Society will be held in Concord, the third Monday and Tuesday of June, 1890.

All communications intended for the Society should be addressed to the Secretary, G. P. Conn, M. D., Concord, N. H.

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NEW HAMPSHIRE MEDICAL SOCIETY.

PROCEEDINGS

OF THE

NINETY-EIGHTH ANNIVERSARY.

TUESDAY, JUNE 17, 1889.

The President and Fellows of the Society convened in the hall of the G. A. R., in Concord, at 11 o'clock A. M.

The President, Dr. Samuel C. Whittier, of Portsmouth, being absent, the meeting was called to order by the Vice-President, Dr. William Child, of New Hampton, and the exercises were opened with prayer by the Rev. James K. Ewer, of Concord.

The attendance was more than the average. The Committee of Arrangements reported through the Secretary as follows on the change of programme:

"The council last year, at the request of the Society, considered the matter of a change of programme. It was discussed fully, the general sentiment being that so long as the Society held its annual meetings in this city during the month of June, and the honorable legislature was in session at the same time, it would be desirable to have some change in time so that rooms at the hotels would be available.

"Another reason, and a cogent one, was that we did not have sufficient social elements combined with our work.

"Still another reason came from members from the eastern border, who have always attended our meetings with a commendable degree of punctuality, and who have been the first present and the last to leave town. These members always remaining until the second day found themselves at noon of

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Wednesday with an adjourned meeting, and no train to their section until after three o'clock.

"These matters were all considered one year since, and the question referred to the Executive Committee, with full power to act.

"By referring to your programme, you will see how wisely that committee have performed their duty. By convening the society on Monday, rooms can be had that would not be available Tuesday, Wednesday, or Thursday night; and your committee hope every member desiring a room has notified Dr. Cook, as advised in the programme.

"To atone for the lack of the social element in former years, Dr. and Mrs. Hiland have come to the rescue, and will welcome every member with his wife and daughter at their house, 170 North Main street, this evening, from 8:30 to 10:30.

"To our friends from Strawberry Bank we can only say, study your programme and see if you have very much spare time to provide for.

"Your committee take pleasure in calling your attention to the state institution, the Asylum for the Insane, and our Municipal Hospital Association, and you are sure at both of these institutions of a cordial welcome.

"We are assured by the Mayor that it would give him pleasure to have any one interested in such matters visit our fire department, our water-supply, and inspect our system of sewers. The U. S. government building, said to be the most symmetrical building of the kind in New England, and the state-house, in which you all have an individual interest, are open, and your badge will be sufficient introduction. The rooms of the state board of health, and the office of the municipal health officer, are open, and members will find themselves welcome.

"On account of having to use the adjoining hall for a banquet room for the Society, we have taken Phenix hall for an exhibit room, where exhibitors will endeavor to make it pleasant for members.

"In behalf of the citizens and profession of Concord I bid you welcome, and assure you it will be our aim to render your visit one of pleasure and profit."

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The following programme is submitted by your Executive Committee and Secretary for your consideration:

Programme for Monday, June 17, 1889.

11 A. M. 1. The meeting will be opened with prayer by the Chaplain.
2. Report of the Committee of Arrangements, by the Chairman, Dr. I. A. Watson.
3. Reading of the Records of the last meeting.
4. Appointment of the usual Committees, by the President.
5. Medical Papers and Communications.
a. Oration—Physical Culture. By Dr. A. P. Chesley, Concord.
Discussion opened by Dr. Geo. Cook.
b. Report on Surgery. By Dr. M. W. Russell, Concord.
Discussion opened by Dr. J. J. Berry, Portsmouth.
6. Recess at 1 P. M. for lunch, and for time for the members to visit the City Hospital and the Asylum for the Insane.
7. (3:30 P. M.) Reading of Papers to be resumed.
c. Oration—Use of Antiseptics by Country Surgeons. By Dr. Robert Burns, Plymouth.
Discussion opened by Dr. L. G. Hill, Dover.
d. Pneumonia, Ætiology, and Differential Diagnosis. By Dr. F. T. Moffett, Littleton.
e. Pneumonia: its Mortality and Therapeutics. By Dr. W. B. Porter, Walpole.
Discussion opened by Dr. Thomas Hiland, Concord.
f. Report of Committee on Necrology. By Dr. J. J. Berry, Portsmouth.
8. (7:30 P. M.). Council Meeting in the hall of the G. A. R.
9. (8:30 to 10:30 P. M.) Reception to members and their ladies at the house of Dr. Thomas Hiland. 170 North Main street.

Programme for Tuesday, June 18, 1889.

8:30 A. M. Society called to order.
1. Report of the Council, by the Secretary.
2. Election of new members.
3. Introduction of Delegates.
4. Report of Delegates to Dartmouth Medical College.
5. Reports of Delegates to other Societies.
6. Reports of District Societies.
7. Treasurer's and Auditor's Reports.
9:00 A. M. Reading of Papers to be resumed.
a. Dissertation—"The Use and Abuse of Narcotics and Alcoholics." By Dr. William Child, New Hampton.
Discussion opened by Dr. D. S. Adams, Manchester.
b. Essay—"Disposal of Garbage." By Dr. G. P. Conn, Concord.
Discussion opened by Dr. J. W. Parsons, Portsmouth.

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11:00 A. M. Election of Officers. Report of Executive Committee, and general business.

12:00 M. President's Address.

1:00 P. M. Anniversary Banquet in the adjoining hall.

The Anniversary Chairman, Dr. W. T. Smith, of Hanover, will preside.

The report of the Committee of Arrangements was accepted, and ordered to be placed on file.

On motion of Dr. Geo. Cook, of Concord, it was

Voted, To dispense with the reading of the records of the last annual meeting, as the transactions had been published and distributed among the members.

The President not having arrived, it was voted, on motion of the Secretary, to postpone the appointment of the usual committees until his arrival.

The reading of papers being in order, an oration on "Physical Culture" was delivered by Dr. A. P. Chesley of Concord, which was discussed by Dr. Geo. Cook of Concord; and Dr. M. W. Russell of Concord read a report on "Surgery," which was discussed by Drs. J. J. Berry of Portsmouth and S. M. Dinsmoor of Keene. Both of these papers were accepted and referred.

The essay on "The Disposal of Garbage" was read by Dr. Conn, and after being discussed by Drs. J. W. Parsons of Portsmouth and L. G. Hill of Dover, it was accepted and referred.

The President, Dr. Samuel C. Whittier, of Portsmouth, having arrived, assumed the chair, and appointed the following standing committees:

Committee on Reception of Delegates: Drs. George Cook, Concord; George D. Towne, Manchester; and Henry Dodge, Webster.

Committee to Examine and Report on Patients: Drs. William Child, New Hampton; L. G. Hill, Dover; J. Wallace Russell, Concord; W. W. Wilkins, Manchester; S. M. Dinsmoor, Keene; and A. P. Richardson, Walpole.

Committee to Audit the Treasurer's Account: Drs. A. P. Chesley and H. C. Cummings, Concord.

[NOTE.—Dr. D. S. Adams, Treasurer, on the second day of the meeting, asked to have the Auditing Committee at

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Manchester, alleging that it would be of far less trouble to get his books audited; and the President appointed Drs. George D. Towne and Thomas Wheat of Manchester.]

The Society then adjourned until 3:30 P. M., in order that members might lunch, and visit the hospitals and other places of interest, as arranged in the programme.

AFTERNOON SESSION.

The Society was called to order at 3:30 P. M., President Whittier in the chair, when the reading of papers was resumed. Dr. Robert Burns, of Plymouth, read an excellent dissertation on "The Use of Antiseptics by Country Surgeons." This was discussed at length by Drs. W. T. Smith of Hanover, D. S. Adams of Manchester, G. P. Conn of Concord, and I. G. Anthoine of Antrim, when it was accepted and referred.

Dr. W. B. Porter, of Walpole, read a paper on "Pneumonia, its Mortality and Therapeutics." This was a sequence to a paper on "Pneumonia, its Ætiology and Differential Diagnosis," by Dr. F. S. Moffett, of Littleton, who was absent. His paper was therefore read by its title and referred.

Dr. Porter's paper was very freely discussed by Drs. Hiland of Concord, P. A. Stackpole of Dover, J. R. Cogswell of Warner, E. M. Tucker of Canaan, and J. H. Cutler of Peterborough.

The paper elicited more discussion than usual, and many of the positions taken by the writer were criticised at considerable length, as will be found in the report which follows the paper. It was accepted and referred.

The Society then adjourned until 8:30 A. M., Wednesday, in order that the Council might have the hall for its regular meeting.

During the evening, from 8:30 to 10:30 P. M., an elegant reception was given by Dr. and Mrs. Thomas Hiland, at their residence 170 North Main street, where members with their ladies were received, and introduced to a large number of the citizens of Concord. The occasion was one of great pleasure to all present, and was most successfully planned and carried out by the doctor and his wife, assisted in the entertainment by their large circle of friends.

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MORNING SESSION.

Tuesday, June 18, 1889.

The Society was called to order at 9 A. M., the President, Dr. Whittier, in the chair.

The first business being the report of the Council, it was read by the Secretary as follows:

REPORT OF THE COUNCIL.

CONCORD, Monday evening, June 17, 1889.

The Council met in the G. A. R. hall, and was called to order at 7:30 P. M. by the Secretary. The President, Dr. Whittier, being absent, the Vice-President, Dr. William Child, took the chair.

The roll was called by the Secretary, and the following members responded to their names: Drs. M. C. Lathrop. Dover; A. P. Chesley, G. M. Kimball, and F. A. Stillings, Concord; G. F. Munsey, Greenville; Robert Burns, Plymouth; W. B. Porter, Walpole; H. C. Holbrook, Penacook; W. H. Aldrich, Marlborough; C. B. Drake, West Lebanon; and W. W. Wilkins, Manchester.

The vacancies on the Council were filled by the following appointments: Dr. H. B. Fowler, of Bristol, in place of Dr. C. B. Nichols, of Sacramento, Cal.; C. K. Kelley, of Plymouth, in place of Stephen Vittum, of Laconia; Albert Buswell, of Epping, in place of J. J. Berry, of Portsmouth; S. P. Carbee, of Haverhill, in place of F. T. Moffett, of Littleton; George Cook, of Concord, in place of G. W. Weymouth, of Grafton; J. W. Parsons, of Portsmouth, in place of W. O. Junkins, of Greenland; W. B. Moody, of Franconia, in place of Henry Marble, of Gorham; D. W. Currier, of Newport, in place of D. P. Goodhue, of Springfield; and J. H. Cutler, of Peterborough, in place of C. W. Gross, of Milton.

This completed the organization of the Council, and the President, Dr. Whittier, having returned, resumed the chair, and declared the Council open and ready for business.

The Secretary submitted the following applications for new

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members, which were duly considered, properly vouched for, and recommended for membership:

Dr. GEORGE H. SALTMARSH, Lake Village.
Dr. JAMES B. ERSKINE, Colebrook.
Dr. A. WILFRED PETIT, Nashua.
Dr. KATHERINE E. PRICHARD, Nashua.
Dr. ELLA BLAYLOCK, Nashua.
Dr. JOHN G. QUIMBY, Lake Village.
Dr. GEORGE H. GORHAM, Alstead.
Dr. F. G. HUMISTON, East Jaffrey.
Dr. W. H. LEITH, Lancaster.
Dr. O. H. BOYINGTON, Lisbon.
Dr. M. S. WOODMAN, West Lebanon.

Dr. D. B. Nelson of Laconia, Dr. W. B. Moody of Franconia, and Dr. P. A. Stackpole of Dover, having arrived at the requisite age, were placed on the retired list on their own request.

Dr. A. L. Gihon, U. S. N., formerly of Portsmouth, and at one time an active member of the Society, was, on motion of Dr. Conn, placed on the list of honorary members.

Dr. J. H. Dearborn, of Beverly, Mass., having applied by letter to be reinstated as a member in the New Hampshire Medical Society, it was voted that he be referred to the resolutions of this Society in 1887 in regard to the admission of physicians residing out of the state.

On motion of Dr. Conn, it was resolved that the names of those members whose annual dues were three years in arrears should be dropped, unless, after due notice, they were paid before the publication of the Transactions of the Society.

On motion of Dr. Cook, the circulars, etc., received from the Committee on the Revision and Publication of the Pharmacopoeia were referred to the Executive Committee.

The Secretary called attention of the Council to the request of the Committee on Rush Monument for contributions of one dollar from each member, saying that he would receive any contributions that might be offered, and forward them to the committee.

The Secretary then read the report of the Censors, which was accepted.

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CONCORD, N. H., June 17, 1889.

Honorable Council New Hampshire Medical Society:

GENTLEMEN:—The Board of Censors of the N. H. Medical Society has the honor to make the following report:

By direction of the N. H. Medical Society, the validity of the license of Dr. Geo. F. Fellows, of Seabrook, was investigated. Dr. Fellows has a license to practice in this state granted by a previous Board on Diploma given by the Druidic Institute of Maine, whose charter has been annulled on account of fraud.

The Board decided to examine Dr. Fellows and give him a new license.

On June 19, 1888, Dr. Fellows was examined in all the branches of medicine, in none of which could the Board mark higher than 25 per cent., and in consequence license was refused. Dr. Fellows asked for time to prepare for examination, and for permission to be reëxamined, and his request was granted.

The following named gentlemen have been granted licenses to practice medicine, surgery, and obstetrics in this state.

Date.	Name.	Residence.	Graduated at	Year.	Granted by
1888.					
July 6	Wm. D. Lamb	Southbridge, Mass.	Jeff. Med. College	1846	Parsons.
July 7	Walton H. Aldrich	Marlborough	University of N. Y.	1881	Hiland.
July 18	Oscar D. Cheney	Haverhill, Mass.	Dartmouth	1872	Parsons.
July 19	Thos. Waterman	Boston, Mass.	Harvard, Mass.	1868	Hiland.
July 21	Walter I. Blanchard	Nashua	Dartmouth	1884	Adams.
July 24	I. H. Platt.	Lakewood, N. J.	L. I. Coll. Hos., B'klyn	1882	Hiland.
July 28	Geo. H. Guptill	Raymond	Bowdoin, Me.	1888	Adams.
July 30	J. S. Richmond	Windsor, Vt.	Vt. Med. Coll.	1863	Hiland.
July 30	Dean Richmond	Windsor, Vt.	University of Vt.	1882	Hiland.
Sept. 4	Osman H. Hubbard	Gilsum	McGill, Can.	1888	Adams.
Sept. 13	Thos. N. Penrose	U. S Navy.	University of Pa.	1858	Hiland.
Sept. 18	F. W. Edwards	Wilmot Flat	Rush Med. Coll., Chicago, Ill.	1876	Hiland.
Sept. 20	Leonard B Morrill	Moultonborough	University of Vt.	1888	Hiland.
Sept. 22	Walter D. Williamson	East Rochester	University of Vt.	1888	Parsons.
Sept. 25	John A. Cheever	Epping	Columbia Coll., N. Y.	1875	Parsons.
Oct. 8	John W. Cram	Plainfield	University of Vt.	1888	Hiland.
Oct. 15	James B. Erskine	Colebrook	Univ. City New York	1886	Hiland.
Nov. 2	Chas. A. Eastman	Bridge	Univ. Bishop's Coll., Montreal	1873	Hiland.
Nov. 20	Noel E. Guillet	Nashua	University of Vt.	1886	Adams.
Dec. 29	Ella Blaylock	Nashua	Univ. of Queen's Coll., Can	1887	Hiland.
Dec 29	Catherine E. Pritchard	Nashua	Woman's Med., N. Y.	1887	Adams.
1889.					
Jan. 14	Edmund Bernier	Manchester	Dartmouth	1888	Adams.
March 2	Curtis B. Cotton	Wolfeborough	University of Vt.	1888	Hiland.
March	L. A. Chagnon	Salmon Falls	Coll Phys. and Surg., Baltimore	1889	Parsons.
April 27	F. G. Humiston	East Jaffrey	University of Pa.	1886	Hiland.
May 13	Daniel Pickard	Franklin	Dartmouth	1876	Hiland.
June 3	John D. Paige	So. Boston, Mass.	Harvard	1888	Hiland.
June	Edwin L. Thompson	East Rochester	Bowdoin, Me.	1887	Parsons.

Very respectfully, your obt. servant,

T. HILAND, *Sec'y Board of Censors.*

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The request of the organization of the physicians of Cheshire county to have a charter from the State Medical Society, was duly considered; and it was voted to authorize the officers of the Association to issue a charter to the proper officers of this District Society.

The committee appointed to investigate the connection of Dr. W. P. Blake, of Farmington, with a certain patent medicine called "Sanitine," through its chairman, Dr. Geo. Cook, reported that they had investigated the matter, and had received a letter from Dr. Blake denying all connection with "Sanitine," or any other patent medicine whatever. The report was accepted, and, after some discussion, on motion of Dr. Fowler, the matter of further investigating the irregularities of Dr. Blake was referred to the Censors.

Dr. C. R. Walker, of the Executive Committee, suggested that, in order to assure the presence of delegates from this Society to other state societies, those who wished to go should make it known to the committee, that they might be appointed, and thus it would result in having a full delegation to represent us at such places.

Dr. Chesley, one of the committee to audit the Treasurer's accounts, requested that a committee be appointed to investigate and report if some method could not be devised so that the Treasurer could ascertain the amount of the interest accruing on the funds of the Society up to the time of the annual meeting of each year, and render an account of that with the rest of the money on hand; and also as to whether the Society intended that the twenty-five dollars paid to the Treasurer in the years of 1887 and 1888 was in payment for his services for the preceding year or for the following year. On motion of Dr. Cutler, a committee of three was appointed by the chair, consisting of Drs. L. B. How, G. D. Towne, and W. W. Wilkins, all of Manchester. The committee was afterwards enlarged so as to include Drs. A. P. Chesley and M. W. Russell of Concord.

The Council then adjourned.

The report of the Council was accepted, and the Secretary was ordered by vote of the Society to cast the report of the Council, or such part of it as referred to its recommendation for membership, as the ballot of the Society, it first being

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ascertained that these gentlemen were present and ready to sign the constitution. This was done, and they came forward and paid their dues.

Other recommendations of persons not present to sign the constitution were ordered to lie upon the table for one year.

The Committee on the Reception of Delegates introduced Dr. E. W. Cushing of Boston and Dr. Maurice D Clarke of Haverhill as delegates from the Massachusetts State Medical Society. These gentlemen were cordially welcomed by President Whittier, and invited to be the guests of the Society during the session.

The Secretary read the following report of the delegates to Dartmouth Medical College, also the report of the delegates from the Vermont Medical Society, which were accepted and referred:

FELLOWS OF THE NEW HAMPSHIRE MEDICAL SOCIETY:

Your delegates, elected at the annual meeting to examine candidates for graduation in Medicine from Dartmouth college, attended to the duties of their office on Nov. 19 and 20, 1888.

They were assisted by delegates from the Vermont State Medical Society, Dr. F. H. Cilley and Dr. A. C. Bailey. Twenty-five candidates, who had previously passed a written examination before the professors, were presented to us singly, and subjected to an examination which convinced your delegates that the instruction which they had received was thorough, and the advancement which they had made in the study of the medical sciences was good.

Many of the examinations passed were superior, and we expect these young men will take a leading place in the profession, and be an honor to the college which has already, during its ninety-two years of existence, given the country some of its best physicians.

M. H. FELT,
E. E. GRAVES,
Delegates from N. H. Medical Society.

TO THE NEW HAMPSHIRE MEDICAL SOCIETY:

Your delegates, with Drs. M. H. Felt and E. E. Graves of the New Hampshire Medical Society, arrived in Hanover on the afternoon of November 19th as per appointment. We at once made our way to the Medical College, where we found 26 anxious medical students, who were singly introduced to

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us by Prof. Frost. We were shown their written examinations, and each one was orally examined from 20 to 60 minutes. We endeavored by our examination of each candidate to satisfy ourselves of the practical knowledge of each, and were favorably impressed with each one in that respect They also gave evidence of the best of training by the faculty, and we could but sanction the markings of the professors; therefore all were granted the long wished for "sheep-skin." It is a fact worthy of notice that there were no beardless faces in the class, but all had come to the years of discretion, and were able, in a measure, to realize the great responsibility of the physician. Much more might be said in commendation of the class. Suffice it to say, it was one of the *best*.

We cannot close this report without expressing our appreciation and thanks to the members of the faculty present for the kind manner in which we were received and entertained by them. The graduating exercises held in the college church on the evening of the 20th were very interesting; and the address of Dr. Felt was able, and well received by all present.

F. H. CALLEY, M. D.,
A. C. BAILEY, M. D.,
Delegates from the Vermont Medical Society.

On motion of Dr. Conn, the reports of the secretaries of the District Societies were read by their titles, and referred to the Committee on Publication.

The Treasurer, Dr. D. S. Adams, made the following report, which was accepted and referred:

TREASURER'S REPORT.

1888.			Dr.
June 19.	To cash on hand . . .	$700.77	
19.	To interest to June 1888 . .	32.18	
20.	To dues at annual meeting . .	245.00	
20.	To fees from new members @ $5.00	65.00	
20.	To license fees	32.00	
20.	To cash from Dr. G. P. Conn, dues J. W. Odell	2.00	
1889.			
17.	To dues since last meeting . .	152.00	
17.	To interest to date . . .	36.18	
			$1,265.14

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1888.			Cr.
June 20.	By cash paid Conn, postage, printing, etc.	$37.30	
20.	By cash paid Conn, services as Secretary	50.00	
20.	By cash paid Eagle hotel, 10 dinner tickets	7.50	
20.	By cash paid D. S. Adams, services as treasurer	25.00	
July 10.	By cash paid J. B. Clarke, printing postals	3.00	
Dec. 24.	By cash paid Republican Press Association, Transactions . .	198.95	
1889.			
Mar. 11.	By cash paid A. J. Shurtleff, reporter 1887 and '88 . . .	24.00	
11.	By cash paid Chase & Streeter, notice to W. P. Baird, May 28, '86, $2.00, and services versus Montana Charley, November 10, '86, $5.00	7.00	
June 10.	Postage to date	6.20	
12.	By cash paid J. B. Clarke, receipt blank	2.00	
			$360.95
17.	Cash on hand		904.19
			$1,265.14

MANCHESTER, N. H., July 3, 1889.

I have examined the Treasurer's books of the N. H. Medical Society from June 21, 1887, to June 17, 1889, and find them correct in every particular; and after computing interest on sums exceeding $50, collected by the Treasurer at the rate of 4½ per cent. per annum for full years and 4 per cent. for shorter periods, find the amount due to be $904.19.

W. HERON, JR., Prin. B. & S. College.

The committee appointed to take measures to secure a new bank-book from the bank at Portsmouth, through its chairman,

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Dr. Parsons, reported that it had waited on the bank and ascertained that it would be necessary for the officers of the Society to give a bond to indemnify the bank in some way from any loss to which it might be liable should the old book be found. The report was accepted, and it was moved by Dr. Hill that the officers of the Society should duly execute a bond in the name of the Society and procure the book called for.

The motion was carried.

Dr. William Child read a paper on "The Use and Abuse of Narcotics and Alcoholics," which was discussed by Dr. D. S. Adams.

Dr. E. W. Cushing, of Boston, then addressed the Society with reference to "The Diagnosis of Pelvic Tumors." Dr. Cushing's remarks will be found printed with the papers of the Society.

On motion of Dr. Currier the Society voted the sum of twenty-five dollars to the Treasurer for his services during the past year, and the sum of fifty dollars to the Secretary for the same time. The Society then proceeded to the election of its officers with the following result:

PRESIDENT.

DR. WILLIAM CHILD, New Hampton.

VICE-PRESIDENT.

DR. LYMAN B. HOW, Manchester.

SECRETARY.

DR. GRANVILLE P. CONN, Concord.

TREASURER.

DR. DANIEL S. ADAMS, Manchester.

EXECUTIVE COMMITTEE.

DR. CHARLES R. WALKER, Concord.
DR. GEORGE D. TOWNE, Manchester.
DR. JOHN R. KIMBALL, Suncook.

The Executive Committee, through the Chairman, Dr. Walker, made the following report of members of the Council,

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Board of Censors, and Committee of Arrangements, together with the delegates to Dartmouth Medical College and other state societies; also a programme for the next annual meeting, all of which was accepted and referred.

ANNIVERSARY CHAIRMAN.

DR. THOMAS HILAND, Concord.

COUNCIL.

DR. J. J. BERRY, Portsmouth.
DR. ROBERT BURNS, Plymouth.
DR. C. W. GROSS, Milton Mills.
DR. STEPHEN VITTUM, Laconia.
DR. W. B. PORTER, Walpole.
DR. FRANK T. MOFFETT, Littleton.
DR. F. A. STILLINGS, Concord.
DR. D. P. GOODHUE, Springfield.
DR. H. C. HOLBROOK, Penacook.
DR. W. H. ALDRICH, Marlborough.
DR. C. B. DRAKE, West Lebanon.
DR. HENRY MARBLE, Gorham.
DR. W. W. WILKINS, Manchester.
DR. J. H. WHEELER, Dover.
DR. EDWARD FRENCH, Concord.
DR. A. P. RICHARDSON, Walpole.
DR. ELLEN A. WALLACE, Manchester.
DR. JAMES M. SULLIVAN, Manchester.
DR. G. W. McGREGOR, Littleton.
DR. GEO. C. BLAISDELL, Contoocook.

CENSORS.

DR. D. S. ADAMS, Manchester.
DR. THOMAS HILAND, Concord.
DR. JOHN W. PARSONS, Portsmouth.
DR. C. B. HAMMOND, Nashua.
DR. GEO. D. TOWNE, Manchester.
DR. IRA J. PROUTY, Keene.
DR. LEONARD JARVIS, Claremont.
DR. J. C. EASTMAN, Hampstead.
DR. C. B. DRAKE, West Lebanon.
DR. M. C. LATHROP, Dover.

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DELEGATES.

Maine.—Dr. E. M. TUCKER, Canaan.
Dr. S. W. ROBERTS, Wakefield.
Vermont—Dr. C. B. DRAKE, West Lebanon.
Dr. HENRY DODGE, Webster.
Massachusetts—Dr. H. B. FOWLER, Bristol.
Dr. EDWARD FRENCH, Concord.
Rhode Island—Dr. S. P. CARBEE, Haverhill.
Dr. ROBERT BURNS, Plymouth.
Connecticut—Dr. C. K. KELLEY, Plymouth.
Dr. J. H. CUTLER, Peterborough.

DELEGATES TO DARTMOUTH MEDICAL COLLEGE.

Dr. E. E. GRAVES, Boscawen.
Dr. GEO. COOK, Concord.

COMMITTEE OF ARRANGEMENTS.

Dr. I. A. WATSON, Concord.
Dr. THOMAS HILAND, Concord.
Dr. GEO. COOK, Concord.
Dr. H. C. CUMMINGS, Concord.
Dr. GEO. M. KIMBALL, Concord.

American Medical Association.—*Voted*, That the Executive Committee and the Secretary fill our delegation from such members as shall volunteer to represent the Society.

N. B. The next annual meeting of the American Medical Association will occur in May, 1890, and will be held in Nashville, Tenn. Applications for the position of delegate can be forwarded to the Secretary at any time.

Programme of the next annual meeting:

ORATORS.

Dr. CHARLES W. GROSS, Milton Mills.
Dr. THOMAS HILAND, Concord.

SUBSTITUTES.

Dr. EDWARD FRENCH, Concord.
Dr. A. P. RICHARDSON, Walpole.

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DISSERTATION.

DR. G. W. McGREGOR, Littleton.

REPORTS.

Surgery—DR. JAMES M. SULLIVAN.
Gynecology—DR. ELLEN A. WALLACE, Manchester.
Necrology—DR. JOHN J. BERRY, Portsmouth.

The Executive Committee recommended the next annual meeting to be held in Concord on the third Monday and Tuesday of June, 1890, which was adopted.

Dr. D. S. Adams wishing to have the Auditing Committee at Manchester, as that would be more convenient for him, the President appointed Drs. Thomas Wheat and G. D. Towne as Auditing Committee, *vice* Drs. Chesley and Cummings.

The committee appointed by the Council to ascertain what year the twenty-five dollars voted to the Treasurer in 1887 covered, reported through the chairman, Dr. Wilkins of Manchester, in favor of its applying to his services for the year preceding June, 1887, and the report was accepted.

The Auditing Committee made their report, which was accepted.

The thanks of the Society were tendered to Dr. and Mrs. Hiland for the pleasant reception given to its members.

The President delivered his annual address, and the Society then adjourned to the banquet hall, where over one hundred members with invited guests were served by caterer Colburn with a most excellent dinner, which was presided over by anniversary chairman, Prof. W. T. Smith, of Hanover. At the proper time Prof. Smith introduced the post-prandial exercises, of which the following is a brief report:

PROF. W. T. SMITH, of Hanover.—*Fellows of the New Hampshire Medical Society:* I congratulate you on the circumstances attending our banquet to-day. I congratulate you on the change of programme which the wisdom of our committee and the presence of the august body which sits in the state-house made necessary, and which brings this dinner at the end instead of in the middle of these exercises. I congratulate you on the company assembled here. I congratulate you

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on the good dinner, and trust that this will find a responsive chord in every stomach present.

The custom, I have observed on such occasions, is for self-laudation. and I doubt not that this dinner has put us in the right frame of mind for it.

It seems to me that the chairman of the Massachusetts Medical Society struck the key, when, at their dinner, he said that the medical profession represented the *flour* of the civilization of the nineteenth century. It seems to me that the medical fraternity have contributed more to the civilization of the nineteenth century than any other class of men, have labored and suffered more than any other class of men, and the history of the future will recognize this fact. I know that we are a retiring set of men, and yet it is good for us at times to recall the services that we are rendering to man. That is not always appreciated as it should be.

There are things, however, in which we may be criticised. Medical men sometimes spend a good deal of time, and a great many words are spoken and written, generating considerable heat, over theoretical topics. Within a few years, as you know, the medical profession throughout the country has been convulsed by this. I think it would be a good thing for us to go down to the principles which underlie our practice more than we do. No one mind can form a code of practice which shall go down from generation to generation without modification in its details, nor can one or two generations form such a code. The underlying principles, however, of our practice must stand, and to those we should go, and those we should study, varying the details according to the light we have.

But it is not my purpose to make a speech to you on this occasion. You have here your ex-President, from whom, of course, we all desire to hear, and who will occupy the time to more advantage than I.

Ex-President Whittier replied as follows:

Mr. Chairman: What can I say to a sentiment which has challenged the best thoughts of New Hampshire's ablest men? What fervor can I impart to a flame which has burned so steadily during a period nearly equal to five generations? It is a

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natural impulse, perhaps, which prompts me to-day to offer a few remarks in a patronizing way to the Fathers in medicine, whose heirs apparent we are, in commendation of their efforts in the cause we serve. But if we are equal to the privileges and possibilities of our day—and they are many—can we arrogate to ourselves a superiority to those who instituted and perpetuated this honorable association, itself a monument to their genius and devotion? We are wont to regard the early days of this society as the youth of medicine,—but was the art of the healer ever young? Even then had eighteen hundred years elapsed since an omnipotent touch opened the eyes of the blind, an omnipotent command restored the daughter of Jairus; and further yet must we look for the cradle of the physician's art, even to the creation and the peopling of the Garden of Eden.

If we have advanced, is it not that improvement is ordained because of necessity? The requirements of modern civilization impose upon our profession much greater responsibilities than fell to the lot of our elder brethren. Their sagacity and foresight not only gave us the initiative opportunity, but inspired and animated us to zealous effort in behalf of suffering humanity. Can we not, therefore, recognize in this noble institution a common Alma Mater, from whom we may continue to receive instruction and encouragement through community of thought and feeling? May we approach the centennial with a profound sense of obligation, and a grateful appreciation of benefits conferred.

PROF. SMITH.—We are doubtless the pillars of the state, and in recognition of that fact our Governor is with us to-day.

GOVERNOR GOODELL.—*Mr. Chairman, Ladies and Gentlemen:* This is the first suggestion that I have had that I should be called upon to make a speech. I was invited to attend your banquet, and I was very glad to get the opportunity of looking in upon the ladies and gentlemen who are doing so much for our state.

It has been said that doctors were pretty sure to kill everybody; but I was reading a little while ago something that led me to think that that was not the truth, for in Russia, where

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they have but few doctors, people live only about half as long as in the United States, where we have a great many, so that I have come to the conclusion that statistics do not support that saying. It is a fact that the average life of man is longer here than in any other country, and there is a larger number of the medical profession. Also, statistics show that the life of man is increasing gradually but certainly, and I think the cause of that must be the increased numbers of our doctors in our cities and country; and those who are criticising the profession should study these statistics.

I can only add that I thank you for the pleasure I have had in seeing you here to-day.

PROF. SMITH.—We have met here in this city of Concord for a great many years, and I have no doubt that all of us, as we come here year after year, feel a growing attachment to this city. We have here to-day its chief magistrate, and we should be glad to hear from him.

MAYOR HUMPHREY.—*Mr. Chairman:* It was with pleasure that I received and accepted your very kind invitation to be present on this occasion, but it seems that I did not *at the time* quite understand the whole of it, and I find myself in an unusual and somewhat embarrassing position, to be called upon to speak before so many of the learned physicians of our state, and I hardly know what I can or ought to attempt to say.

My experience has been that it was severe and trying enough, as a rule, to fall into the hands of only one physician or surgeon at a time, and when it seemed to be necessary to try two or three, the results were usually watched with considerable anxiety; here I find myself surrounded by many score of the same profession, and for a short time at least must consider myself in your hands.

My rule has always been to obey the physician I call, and that the medicine left for my use in sickness should be taken exactly according to directions, both as to time and quantity, however distasteful those doses might be, until otherwise ordered. In somewhat the same spirit I approach this part of the programme, because for me to attempt to make a speech before

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such an intelligent audience as this, unaccustomed as I am to the business, is quite as trying as some of the experiences before mentioned might have been; but as you have, according to the announcement, prescribed this dose, I will answer to my name as best I can, and if it has a disagreeable effect upon me, the inquiry might be made as to its effect upon those who hear me. I have for my consolation the fact that those who are responsible somewhat for my appearance here have to suffer with me. However, I will be very brief.

Notwithstanding my reluctance to attempt speech-making, it is certainly pleasant for me to supplement and fully endorse the words of your Committee of Arrangements welcoming you to our city and its places of public interest, and to the examination of any of our departments that might afford information in any line of your profession; and I am sure that our resident physicians have but expressed the feelings of our whole people in their earnest and cordial welcome to a body of men and women of such learning and skill as the medical fraternity of New Hampshire.

Sometimes when in health men speak lightly of the value of the physicians' work, but my observation has been that those who make such statements are usually among the first to call them when illness comes to their homes. I believe that the worth and importance of the medical profession to the community cannot be over-estimated, and, as suggested above, we all really believe in our doctors; and the public should watch with great interest these gatherings, where you meet to compare notes, to discuss sanitary methods for the prevention of disease, and to bring forward for the good of the whole such information as you have each severally obtained in your individual practice among the people.

It has been my privilege for the last few months to be associated more or less with the members of our board of health in their sanitary work in our city, and to know somewhat of their methods, so that I think I realize more than I ever have before the great importance of judicious sanitary laws, combined with a firm execution of the same; so you will, I trust, pardon me for referring to it here. The urgent need now seems to be that there be a more thorough education of the public in this regard.

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Our citizens do not all understand that this being a free country does not necessarily permit them to keep their homes and their surroundings in such a condition as to endanger the lives of their own or their neighbors' families. I am pleased to know that the physicians are now, and have been, leaders in this work, and it is to be hoped that you will not fail to "cry aloud" at every proper time until you see such progress in these matters as is desirable. It seems to me that there are no municipal regulations of more importance here in Concord than those regarding the sanitary condition of our city.

I thank you, gentlemen, for your invitation to be present, and the attention given me.

PROF. SMITH.—We are indebted to the medical press in a great many ways. In short, we could not get along without it. We have here to-day one of the delegates of the Massachusetts Medical Society, who can also represent the press. We have many of us read with pleasure the journal published by Dr. Cushing, of Boston.

DR. E. W. CUSHING.—*Mr. Chairman:* It gives me great pleasure to meet this Society. Coming from a bordering state, it gives me pleasure to see and to hear the men who can make laws, and agree upon an executive of the state to carry them out, such as to drive the outlaws of the medical profession—the quacks—from your state. The effect is felt by us across the line, as we are obliged to receive those that you refuse. We have for many years in Massachusetts gone along trying to follow the steps of New Hampshire in this as well as in many other things.

Another remarkable feature in which the state of Massachusetts has followed in the footsteps of New Hampshire is called to mind by the presence of ladies in this meeting. Within a few days, for the first time in Massachusetts, we have been able to have representatives from the ladies of the medical profession at our annual meeting, whereas, I understand, that has been the practice in New Hampshire for some time.

In regard to the medical press, as one of the last to enter upon that field of labor I am sure I have very little right to

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say anything. The lot of the editor is not a happy one, in many respects. It is difficult to say just what one would like to, for fear of being on the one hand too conservative, and on the other, too radical. I have honestly tried, in connection with the journal with which I have to do, to steer between the two evils. Of course a medical journal cannot have very great influence of itself, except it is the representative of the profession. I have been very glad to see, from the remarks of your President, the importance that is given among you to the line of work in which I am engaged. Certainly within the last ten years there has been a great change in regard to this question, and I trust that the future will show still greater advances in relieving the sufferings of womankind. I felt, in trying to establish this journal, that if it gave the state of these diseases not only as met with in hospitals, but also among the profession at large, and furthered the better diagnosis of them; if it assisted my brother practitioners in any way to settle the important questions incident to these diseases,—I should be satisfied.

PROF. SMITH.—The ties which bind us to our sister state of Massachusetts are strong, and it is with pleasure that I can say that we have a second delegate from that state, from whom we should be glad to hear.

DR. M. D. CLARKE, of Haverhill, Mass.—*Mr. Chairman:* Delegates from medical societies, as you know, generally go forth in pairs; one to do the talking, and the other for looks. As the first has already had his inning, it would be superfluous for me to do anything in that line, even if I were able; but I feel capable of filling the rest of the bill.

Governor Goodell, I should judge from the remarks he made, would refer the physical and mental vigor of the people of New Hampshire as directly traceable to the New Hampshire Medical Society. As Dr. Cushing has said, it has at least accomplished some things which we in Massachusetts have not as yet been able to bring about, and it is to our shame. Your society has few members comparatively, but still you have passed a law in this state by which Massachusetts has received

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from you an unenviable class of practitioners. We for some time have been trying to pass a law which would enable you to keep your quacks, but we could not wake up the people to do it.

PROF. SMITH.—The tie between the medical and the clerical professions is a very close one. Indeed, in ancient times the two professions were combined in the same person, and at the present time our work would not be complete without the aid of the clergyman. We have here at this time our Chaplain, to whom we shall listen with great interest.

REV. J. K. EWER.—*Mr. President:* There are several reasons why I should not at this stage of proceedings inflict a speech upon you. In the first place, you would, I think, add to your present troubles congestion of the brain. Another reason is, I am too full for utterance and you are too full to listen, and I fear that a speech at this time would be imposing upon your good-nature.

I may say, however, that I stand here, as I believe, a monument to the skill and fidelity of the medical profession. Forty-three years ago I received handsome treatment from a representative of that profession; and I believe that man is lost to all the better feelings who does not have respect for that medical man who has been instrumental in getting him out of a tight place. That is not all. Twenty-five years ago I was with Gen. Banks in the campaign up the Red river. As you all know, we went up in a hurry, but we came back in a greater hurry,—and wounded and sick, and nigh unto death, I lay in New Orleans in the hospital; and as long as reason serves me, I shall never forget how, in those critical hours of my life, the gentleness and ability of the physicians brought me from the verge of death. God bless them, every one of them.

I want to say, gentlemen, that I believe you are doing a good and wonderful work. You are in the right way. Go ahead! and when your work of life is done, may you hear the Master of us all saying,—"Well done, thou good and faithful servant: thou hast been faithful over a few things, I will make thee ruler over many things: enter thou into the joy of thy Lord."

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Short speeches were made by Drs. Cook of Concord and Felt of Hillsborough, when the Society adjourned until the third Monday in June, 1890.

GRANVILLE P. CONN,
Secretary.

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PRESIDENT'S ADDRESS.

BY SAMUEL C. WHITTIER, M. D., OF PORTSMOUTH.

FELLOWS OF THE NEW HAMPSHIRE MEDICAL SOCIETY:

The near approach of the centenary of this honorable body suggests the peculiar fitness of a retrospective glance at the earlier methods of our predecessors, in order that we may trace the steps by which the noble professions of surgery and medicine have attained their present proportions; but I am reminded that by so doing I should encroach upon the especial province of the essayist who will two years hence address you from this position. I may, however, on this occasion, pursue a line of thought embracing a consideration of a portion of the wonderful developments which have contributed so much to the glory of the century's achievements, making it indeed a golden age to suffering humanity.

It is true we have discovered neither the Philosopher's Stone nor the Fountain of Youth, but we have demonstrated the fact that medical science is far removed from necromancy, and that Nature holds no secret from those who woo her in a determined spirit. Our modern Hippocrates is a Bellerophon who bestrides his Pegasus as manfully as did his ancient prototype, and boasts a nobler record in the longer list of chimeras he has slain.

Were I a preacher, my text would be "The necessity of unceasing improvement," and my application, "The incalculable value of frequent professional intercourse," in order that the knowledge of the wisest may become the inheritance of the least disciple, to the end that the healing art may not be confined to a prophet and his followers, to a sect or division, but free to all who would acquire it; that brilliancy of attainments

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should not be the lot of individuals only, but that an all-knowledge shall pervade the ranks of the medical profession, and its mass be distinguished by its broad catholicity. Each of us is an instructor, and, I trust, a willing one, to his less informed brother; and none can boast of attainments so profound that he may not sit at the feet of some more favored Hercules. The possession of this spirit I regard as the sum of our individual excellences; for to him who honestly avows it, all avenues to knowledge are opened wide, and his talents will find favor in just proportion to his self-abnegation. To no other profession is more applicable the divine assurance, "Ask and ye shall receive;" and who of us has not realized in its fullest breadth the further assurance, "It is more blessed to give"?

In asking attention to this exposition I present for your consideration certain topics in connection with the surgical diseases of women, as indicating the most advanced phases of surgical and medical progress known to this most enlightened age. Never before has the skill of the physician or surgeon attained so nearly the standard of pure art; and if, as he stands to-day at the vestibule wherein lies the great principle of Life, and hesitates to say "I have found it," he may claim the proud distinction of being its successful conservator, winning his spurs almost at the citadel.

In the department of Gynaecology inventive genius has kept pace with scientific attainments. You will remember a most interesting paper read before this body by our own Dr. William Child, in which with inimitable grace and merciless wit he lampooned the old-time speculum and its advocates. He made ample amend, however, by a most lucid demonstration of the only sensible and safe method of delivery for breech presentation It pleased the good doctor to picture one of our most popular and successful practitioners,—Nichols, to wit,—marching up and down the land, armed with a gross of specula and pessaries to match, seeking a convenient victim. The satirist's caustic pen would have been powerless in the presence of the speculum devised and perfected by my friend, Dr. Cushing, of Boston, except to accord an honest judgment in support of its manifold and manifest adaptability. I desire to call your

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attention to this specimen of the Cushing speculum, and to some of its sterling merits. Its traction by weight on the perinaeum is constant and firm, thus releasing one hand to the operator. It acts as a drainage-tube to the receptacle below, and is adjustable to a broad or narrow vagina. It shortens the operation, to the sensible relief of the patient, and, in my opinion, will add a new lustre to the name of its inventor, already famous.

It is a matter for profound congratulation that improvement in methods and appliances is constantly and successfully sought; but there is a danger to the profession in the fact that valid improvements do not find a more general adoption. One laggard in the ranks may excite a general indifference within the circle of his acquaintance, and, unfortunately, there is evidence of a willingness to drift with the sluggish current. But there comes a fateful emergency, when only he who has striven manfully for the power which comes of knowledge finds his reward, and thereafter he takes his place in the vanguard.

A physician said to me, not long ago, "I do not see much good in going away from home to witness laparatomies; I don't think it will pay." I tell you, gentlemen, that, at whatever cost, it does pay to acquire all the knowledge to be obtained. The study of our profession may involve a present loss of time or fees, but if we court the fate of the unjust steward we shall find it as difficult to submit. The patient who forsakes you because of your absence at the hospital, and bestows his favors upon our homoeopathic friend across the way, will repent of paying fees into the wrong pocket, and will become a more steadfast believer in the man who counts that day lost in which he has not added to his store of information and practical experience.

How often does this want of knowledge come into our daily life! How often are we consulted by patients having some obscure trouble, especially in the treatment of the diseases of women! How often does our unfamiliarity with this class of cases lead us astray, and induce a plan of treatment resulting in no permanent good, and drawing from the unbelievers a storm of ridicule such as that to which we were subjected before this society last year!

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Not long since I met at a hospital clinic my genial friend Dr. Wheat, who informed me that in his student days he was under the tutorship of the late Dr. Buck, an eminent physician of Manchester, and at that time one of the foremost practitioners in the state; yet he was not omniscient, as the sequel will show. He attacked and ridiculed "the pretended science of gynecology" so remorselessly that it startled and alarmed his hearers, and so prejudiced Dr. Wheat against all treatment in that direction that for a long period he would not treat a patient for any uterine trouble. As a natural consequence, that class of patients sought relief elsewhere, until, as a matter of self-protection, the doctor was obliged to give some attention to the despised science; and he now rejoices in the knowledge that there is a way to cure almost all female diseases, or, if not curable, that they can be sensibly relieved. This knowledge he has acquired by hard work, and patient, intelligent investigation, at clinics where this work is done in a scientific and thorough manner.

Twenty years ago I was treating uterine diseases, as I believed, in the most approved and scientific manner. At that time gynecology was in its infancy, and was regarded by the profession at large with great distrust, if not with positive aversion. Yet I believed I could see steady gain in my patients from week to week, and so kept on, and have tried to keep posted from that day to this. I rejoice with the successful workers that we have at last reached such a sure, such a positive foundation that ridicule from the entire uneducated medical profession is impotent and pointless. To such men as Lawson Tait, Martin, Price, Wylie, Goodell, and a host of others, are we indebted for the rapid and successful progress made. All honor to their names. These men have made it possible for us to diagnose what was formerly called "pelvic cellulitis," as what it nearly always proves to be—a salpingitis, or pyo or hydro-salpinx. We do not now expect to find a pelvic cellulitis, but, as has often been demonstrated by the best diagnosticians, a salpingitis, or inflammation of the Fallopian tubes. This condition may arise from various causes, such as septic infection following confinement, either from decomposing matter in the uterus, or from septic forceps used during

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labor—the latter I believe to be a fruitful cause of infection—or from gonorrhoea. This is also a very frequent cause of diseased tubes, and the patient rarely gets well without having the tubes removed.

If the case is gonorrhoeal, as often happens, the young wife, a week or ten days after marriage, complains of pain and a constant aching within the pelvis, on either side, with heat and swelling of the parts, and a general broken-up condition. These symptoms are supposed to be incident to the married state; and the good old family physician is called in, who, after due consideration, orders baths, poultices, and hot injections, and assures the mother that the difficulty was just what she believed it to be—the result of too much youthful ardor. He promises a speedy recovery, and goes away profoundly impressed with the value of a sound professional judgment. But the patient does not get well; a slight improvement follows; and with the first cold taken all the distressing symptoms return;—and thus, alternating from excruciating pain to a half convalescence, the woman's life is made miserable. This is in most cases a vicarious atonement for the offences of the husband, whose premature discharge from quarantine before assuming the responsibilities of wedlock implies a serious neglect of a plain duty upon the part of his medical adviser, who, ignorant of or indifferent to the fact that the presence of venereal taint cannot be truthfully denied without having made a careful examination of the urethral secretions, even as high up as the prostate, to ascertain the existence of gonococci, has permitted a cruel imposition upon the unoffending wife, in whose ears the solemn vows of the altar are still ringing. These cases furnish almost a continuous record of suffering, and find relief only at hospitals devoted to their treatment. The removal of the tubes is generally followed by complete recovery in six or eight weeks, and the patient is discharged, free from agonizing pain, and with overflowing gratitude for the courage and skill which have made life no longer a burden.

Until within a very few years this happy disposition of so grave a malady has been impossible. With the treatment in vogue at a very recent date, a patient suffering from this

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trouble was condemned to an almost life-long torture; but now, as if by magic, all things are changed. The clouds which have so long obscured the nearer approach of an advanced enlightenment in the surgical treatment of this and kindred diseases have passed away, and we may felicitate ourselves with the assurance that we are many degrees further removed from the aggravating possibility of failure which is the common lot of fallible man. We follow where great Caesar led, and with impunity invade the abdominal cavity by parietal incision, shell out a diseased tube, enucleate a sub-peritonaeal fibroid, or remove a dermoid or ovarian cyst, with as little danger to the patient as in former times would have been expected from the amputation of a finger. The distinguishing feature of the latter treatment is the extreme care taken to avoid septic poisoning. The most minute precaution is anxiously observed. Every instrument is thoroughly cleansed and boiled, then immersed in a twenty per cent. solution of carbolic acid, and kept there during the operation. The arms and hands of the operators are carefully washed with bi-chloride of mercury soap, in a strong bi-chloride of mercury solution of one in one or two thousand. The abdomen of the patient is then thoroughly scrubbed with bi-chloride soap, and covered, with the exception of the place where incision is to be made, with towels saturated with hot bi-chloride solution; and no one, save the operators, is allowed to touch the patient, or to come near, unless his hands are clean, and his clothing has not been exposed to infectious disease. Sponges, needles, catgut, and silk are all immersed in a strong solution of carbolic acid, to be taken out only when wanted for use, and are immediately returned to the bath when no longer required. During these operations any bleeding point is immediately snapped up with a pair of haemostatic forceps—an instrument better adapted to that purpose than any other now in use, from the fact that it compresses the bleeding vessel, thus avoiding the annoyance of the ligature. In appearance this forceps is much like the ordinary dressing forceps, and is provided with an adjustable catch by means of which the grasp of the beak is continued when released from the pressure of the hand.

Upon the completion of the operation the abdominal cavity

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is thoroughly irrigated with water as hot as the hand can bear. For this purpose Hygeia-water has been used to some extent; and I expect from its employment the best results, as it has the appearance of a very pure water—in such cases a matter of the utmost importance. After the washing out process is carefully completed, if there is not too much bleeding, the wound is closed, and a large drainage-tube is inserted, reaching the deepest portion of the cavity. The tube is frequently drained by means of a suction syringe, and is finally filled with medicated (bi-chloride) absorbent cotton; the whole wound is then sealed with a saturated solution of iodoform and flexible collodion. This application is painted on the line of incision, and for an inch or so on either side; cotton is laid on, and a perforated rubber sheet stretched over the mouth of the drainage-tube, the whole covered with cotton packs and a light abdominal bandage, and the patient put to bed. These cases generally get well in from four to six or eight weeks, and are usually without the surgical fever on the second or third day, which formerly followed a laparotomy, the temperature rarely rising above 101 or 102, and the pulse correspondingly low.

If there is much fever, or a peritonitis, instead of loading the patient with opium, as in former days, she is thoroughly drenched with salts (sulphate of magnesia), and usually the temperature falls; if not, the wound is looked after and opened, if necessary, and the abdomen irrigated, a marked reduction of temperature following in nearly every case. I may remark that the wound is seldom disturbed; it should, however, be carefully watched, and in most operations it heals readily and with scarcely any dressing other than that originally applied.

There is one point in closing this wound to which I should call attention here. Be very careful thoroughly to approximate and firmly close the sheath of the rectus muscle. If this is not done, there will very likely result a ventral hernia. As the rectus is the real strength of the abdomen, you will readily see how a little coughing or straining might make a hernia at a point where the rectal sheath did not unite; and almost next to death is this a thing to be deplored, as the patient must undergo another laparotomy or suffer for the remainder of her days.

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Moreover, you will be likely to have a suit for malpractice on your hands, as did Dr. Baker, of Boston, who, after four trials, succeeded in winning his case. During this trial, so good an authority as Dr. Homans testified that a ventral hernia would result in one case out of ten, under the best of treatment: so it behooves us to be very particular, and get a good union of the rectus in all cases.

Until quite recently carcinoma uteri, or epithelioma, has been necessarily fatal; but thanks to the brilliant achievements of surgery by those men who, for the sake of science and suffering humanity, were willing to subject themselves to unkind criticism and possible failure if thereby a way could be found to lessen the great mortality in this class of cases, there came about the practice of vaginal hysterectomy, and now the entire uterus is removed through the vagina, and the patients get well very much as they recover from a confinement. All operations upon the uterus or vagina are performed under the most thorough antiseptic precautions, the pubis and vagina being thoroughly soaped, washed, and irrigated, using in all cases the German bichloride soap, and irrigating the vagina with the one in two thousand bichloride solution, used warm. This solution is best prepared by using one drachm of bichloride of mercury and one ounce of glycerine to two gallons of water. The object of the glycerine is to hold the mercury in solution, otherwise precipitation would follow. The glycerine is always effectual.

The removal of the uterus is readily effected by clamping the broad ligaments with two pairs of forcep clamps on either side, or stitching the lower half of the broad ligaments on either side, and then completely anteverting and so pushing the fundus over forward, where the upper half of the ligaments can be stitched and then cut away. In either case it may be accomplished in from fifty minutes to an hour and a half. Where the forceps are used, they are generally gradually removed about the fourth or fifth day.

In case the cancer has progressed to such an extent that it is impracticable to remove the organ, we can relieve the patient and give her a chance to recuperate, for a time, at least, by curetting rapidly and using the electro-thermal cautery. It is

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a wise precaution to have this apparatus near in anticipation of a possible emergency, as in some cases there is very free flowing. A curious fact in this connection is, that in nearly every instance, as soon as the fungoid mass is scraped away, the bleeding is nearly arrested; the muscular fibres of the womb are allowed to contract more freely than before; or it may be partially due to irritation or bruising by the curette, as a dull instrument is used in these cases. After curetting, the cavity is thoroughly washed out with the bichloride, and cauterized by the electro-thermal cautery, the vagina and cavity packed with iodoform cotton or wool, and the patient put to bed, from which she gets up in a few days much improved.

Not long ago a case which illustrates this condition came under my observation. A lady had been treated by a local physician for about ten months. The treatment had been by applications to the cervical canal once a week, and during the last three months she had been getting worse, with a foul discharge. She informed her attendant that her womb was growing hard; so the learned doctor concluded to make a more extensive application than usual, and, as I was informed, the treatment was carried higher up into the cervix than at any time previous. This application was made on Friday. At once the patient began to lose blood, and continued to do so until the following Monday. On that day she again consulted her attendant, who, after expressing his surprise that his treatment should have caused such a result, proceeded to arrest the flowing, but failed, and at 8 o'clock that evening I was called to see the patient. I immediately injected the womb and packed the vagina with solution of sub-sulphate of iron, which checked the flow. It will readily be seen that as the tissues were infiltrated with cancerous growth, and of course being much hardened and enlarged, the doctor's treatment, which consisted of ergot and cinnamon water, could do no good, and his application of acid only accelerated the breaking down of the tissues hitherto unaffected; and so the flowing was increased from the commencement. The loss of blood had nearly proved fatal before I arrived, but as soon as her condition permitted I urged the patient's removal to the hospital. The disease was so far advanced that curetting was without avail. The vagina

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was so small that the removal of the uterus in that direction was impossible, and the case was hopeless. Ten months' treatment had consumed valuable time, during which the uterus could have been taken away, and a human life would have been saved. She is now at her home, awaiting the inevitable, a victim to that terrible disease, cancer, by reason of a culpable professional negligence which my conscience will not permit me to condone.

There can be no doubt that the proper treatment of the ailments of the uterus will curtail to a great extent the routine of the last twenty years; for you who have made a study of this class of diseases will acknowledge that in the practice of examining the os with a speculum, if there was a simple erosion of the cervical canal without much glairy discharge, the treatment was uniformly the application of some styptic, escharotic, silver, or acid cautery; and although the patient sometimes got well, a favorable result was the exception to the rule, especially in the case of enlarged cervical glands accompanied by a thick, glairy discharge hanging from the os.

I overheard one gentleman, who said, "I treat these cases, but I cannot cure them." Is not that the experience of the majority of physicians who have made a specialty of this class of disease? Cases which stubbornly resisted all former methods for years yield to the best treatment of to-day in from three to six weeks. I have already outlined the plan of the modern, successful treatment, and I submit that, although heroic, it is direct and positive. Contrast it, if you please, with the former habit of trifling, at arm's length, with disease, while not only health and comfort, but life itself, were to be the reward of success or the price of failure, and then compare results. I accept in advance your frank acknowledgments that to modern courage and skill is due the heartiest commendation for having given the surgeon a wider scope, a loftier encouragement, and to suffering woman the luxury of hope where despair had hitherto reigned supreme.

A lady came to my office complaining that she had been suffering for more than two years from a trouble of the uterus, which made her life miserable. During the greater part of the period she had been treated with weekly applications, with

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no relief; in fact, she was worse, and quite discouraged. There was some history which led to a possible gonorrhoea; yet the chief difficulty seemed to be stenosis of the cervical canal, accompanied with endometritis. She was etherized, and given one treatment, thus: The cervix was thoroughly dilated, curetted, and washed out with bichloride; the internal surface of the uterus was carefully mopped with a solution of crystal carbolic acid and a twenty per cent. solution of cocaine, in equal parts. The vagina was then carefully packed with cotton, profusely powdered with iodoform. The patient was placed in bed and kept quiet for a week, the temperature never rising above 100, and no pain experienced after the first hour in bed. The packs were removed on the third or fourth day, and several carbolic douches were administered. She was walking about the room at the end of a week, and in three weeks was well, and has continued so ever since, a period of four months.

This was probably a better result than can be obtained in every case, yet it shows what is possible, even under unfavorable conditions. This lady had undergone a two years treatment under the old routine, with no benefit; and yet, one treatment, judiciously administered, entirely cured her.

Another class of cases in which great progress in treatment has been made is that which included retroversion and retroflexion. In the former the Alexander operation is now practised with varying results; yet I think the method has come to stay. This operation consists in making an incision parallel to Poupart's ligament and about one inch inside it, searching for the round ligament, seizing and drawing it up so as to bring the fundus uteri up to the abdominal wall, tucking away the loose part of the cord and stitching the remainder to the surrounding tissues, using for this purpose catgut, which, when properly prepared, will remain in the tissues without harm, and after a time will become absorbed. This operation was performed upon the living subject, in 1881, by Dr. Alexander, of London; since which time, as before stated, it has been practised with varying results, but, on the whole, I think with so much encouragement that it will continue until its real merits are conclusively determined.

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In cases of retroflexion of long standing, in which the adhesions are sufficiently strong to hold the organ permanently in an abnormal position, there is only one treatment which promises immediate relief and a fair chance of an ultimate cure: this is Shultz's operation. It consists in placing the left hand above the pubis, and pressing the fingers down, above and behind the fundus uteri, and thus breaking up the adhesions; while, with two fingers of the hand in the rectum, and the thumb in the vagina, the flexed cervix is brought forward with the fingers while the thumb in the vagina presses down the cervix portion; and in less time than is taken by this brief description we find the uterus with the flexion all removed, pressing against the pubis. This is a very neat operation, and as satisfactory to patient and physician as any with which I am acquainted.

After restoring the uterus to its normal position it will be necessary to fit a proper pessary, and I always use one that may be readily adapted to the requirements of the case. I think it well to use one covered with soft rubber, as it is worn with much more comfort than is the ordinary hard pessary. The patient should be put to bed for a few days, when, if no fever ensues, she may soon be about the ward. I should advise the wearing of the support for some weeks in order to accustom the uterus to its new position, and to give time for the ligaments to contract and become strengthened sufficiently to prevent a relapse.

Great advancement has also been made in the treatment of lacerations of the cervix and perinaeum. In the former, the operations of Emmett and Martin are those most frequently performed. According to the condition of the cervix, the one or the other is preferred. If the laceration is not very extensive, and the lips not too much everted, the Emmett method is adopted. In this operation the lacerated surfaces are pared, with the exception of such portion as forms the canal. This part is left, and when the wound heals, the canal does not contract, as is the case when the whole surface is denuded. If, however, the entire surface is cut away, it becomes imperative that a tube be placed within the canal, not only for drainage, but also to prevent too much closure of the passage, which event sometimes occurs even to the extent of

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almost obliterating it. Such a condition is, of course, very undesirable, and cause for further treatment.

The Martin operation is a more complicated proceeding, and is used chiefly where there is great eversion, and, of course, hyperplasia,—the principal object being to restore the cervix to its normal size, and to reëstablish the cervical canal in its normal condition. The procedure differs to some extent in the hands of different operators. The principle is, however, the same. A free incision is made in the everted lip and carried well down to the depth of the laceration; a right angled cut leads from within outward to intersect this, and a piece shaped like the letter L is removed, while the opposite angles of the womb are brought together by three silk sutures. After this is completed, the opposite lips of the organ are stitched by deep sutures, and also by superficial ones if needed, to make a close and perfect apposition. This procedure restores the cervical canal and induces involution, the result being generally a perfect success.

In laceration of the perinaeum the best results are obtained by what is known as Jenks' operation, and, unlike all other operations, it approaches very nearly to a restoration of the parts as they were before the accident. It is thus performed: A straight, spear-pointed bistoury is entered at the lower margin of the laceration and carried up to a sufficient height, generally about one and a half to two inches, and then withdrawn, substituting therefor a probe-pointed bistoury, and cutting laterally in either direction until the margin of the laceration is reached. The knife is then withdrawn, and with the scissors a V-shaped flap is cut away. This leaves a large raw surface, which, with two fingers of the left hand in the rectum and the right armed with a curved needle and catgut, is picked up, beginning at the bottom and gathering it in from either side until the wounded surfaces are drawn together. They are then reinforced with a V-shaped point; and when this is thoroughly stitched down it will present the nearest approach to the natural perinaeum that it is possible to make. By this method we get support for the uterus that cannot be obtained by the old method of simply denuding and uniting the opposing surfaces.

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In bringing this paper to a conclusion, gentlemen, I am fully sensible of its incompleteness; but I think you will agree with me in the belief that a subject of such extended scope and such vast importance cannot be treated otherwise than in a diffuse or discursive manner within the limit of time or space allotted to a single address; nor is it possible to do justice to such a topic in the moments snatched from the requirements of a busy life.

With no intention of adopting the rôle of a specialist, I have been irresistibly attracted to the study of gynecology in its scientific aspects. During the past two years I have devoted much time to clinical investigation; and such leisure as I may have had was given to the formation of a better acquaintance with the best writers on that subject. In looking over my record I am surprised to find how prominent a feature it has been in my practice, and I am at no loss to account for an earnest enthusiasm which is content only when engaged in following a rational science through its stages of rapid development to its glorious results. Glorious, I say, because never before has surgical or medical art become so nearly supreme as to-day, when, at the bedside of suffering womanhood, with gentle yet almost invincible power it brings peace where anguish reigned, restores light to the lustreless eyes, the ruddy hue to the pallid cheek, robs life of its terrors, and averts the premature passage to the grave. This, I say, is now the rule where it was the exception. But how was it brought about? By continued plodding in beaten paths? By determined opposition to all innovation? Far from it. Courageous and determined souls conquered impossibilities through faith. The mountains of yesterday are the mole-hills of to-day by reason of that faith; and the men who accomplished these miracles are known by their works, and will be honored while Time shall last.

Is not this an incitement to earnest effort? It is not the laggard who shall achieve immortality. His talent, albeit as good as that of his fellow, is hidden in a napkin. Where shall he stand at the accounting? The patriot, the soldier, the statesman, deserve well of posterity; but the sign under which they conquer is the sword. Higher yet must he stand who

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would fellowship with the immortals, and to him the destroyer of life must give place. But he to whom has been vouchsafed the divine gift of saving life, of discharging the human penalty of physical suffering, shall, if his own life be pure, stand nearer yet to Him who has said, "I am the Resurrection!"

Once more I entreat you, be constant in investigation; report progress so that mankind may be benefited. Remember that yesterday's experience was a warning; while to-day is an example by which to-morrow shall profit. Let each stage be a pronounced advance, for the time has already arrived when it can no longer be said of our profession that it is a system of premises without conclusions; but, rather, that it is a science, heaven-bestowed, and in full accord with Nature herself.

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THE USE AND ABUSE OF NARCOTICS AND ALCOHOLICS.

BY WILLIAM CHILD, M. D., NEW HAMPTON, N. H.

In this theme are problems most important and complicated. To solve these is the business of the times. Questions of importance, of extensive and intimate relations, must be carefully adjusted. Thus only can peaceful progress and equal justice be assured. These questions are important and complicated, and hence demand careful attention. They are important, because the use of narcotics and alcoholics is almost universal; because their benefits, even necessitude, are recognized by physicians and humanitarians; because their misuse and abuse are immense, constantly increasing, more lamentable, more vehement, and more virulent; because great and good men, while agreeing upon the necessity of the end sought, disagree upon the methods whereby they are to be attained; because their solution must influence other interests—interests reaching and interlacing with all departments of life; because personal liberty and the rights of the realm are involved; and because the progress of this great evil must be arrested, if the human race is to continue civilized, enlightened, mentally and physically healthy, and in purity of heart and soul. These reasons are self-evident, and must arrest the attention.

The peril of the situation is two-fold. On the one hand are enthusiastic reformers, sumptuary legislation, partisan intrigue. religious fanaticism, and a possible loss of personal liberty, and injury to freedom of thought and speech. On the other hand we have, looming high and dark, the evils of narcotic and alcoholic drunkenness, debauchery, loss of wealth, morality, honorable dealing, and religious reverence. Here are the two

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great dangers that threaten us in the practical solution of these problems, and he who would ignore them is not fully alive to the situation. Late or soon we shall recognize them in all their immensity.

Extreme views and opinions may be not unsafe, but extreme and radical methods are always dangerous methods. The opinions held by the abolitionists years ago were grand truths respecting the rights of man and the curse of slavery; their methods were dangerous, and sent many "brave souls to hades." The advocates of extreme methods attain results, but often through violence. Fifty years of agitation, five years of bloody war, and fifty years for repentance and recovery, should be a pillar of fire to guide us in our present night of anxiety. Few recognize the gravity of the situation. Many discover and promulgate opinions peculiar to their party or sect, but do not judge between the factions. They recognize immediate, not remote, results. They do not recognize causes, hence do not adapt means to ends; they do not weigh all of the circumstances, hence waste their forces; they act according to their emotions, or passions, hence expend themselves in violence and denunciation; they are fanatics, hence appeal frantically to laws, gospel, or direct divine aid.

But denunciation does not convince, nor does violence reform; the law does not correct causes, nor does the gospel operate because of the law; and God does not answer prayer without common-sense works. Each of these has its place, power, and progression, and yet the great evil remains, and another appears in the methods urged for its restraint and eradication. Thus carefully we approach our subject, both from choice and necessity.

Narcotics and alcoholics are drugs that in medicinal doses allay morbid susceptibility, relieve pain, and produce sleep; that in often repeated doses create a demand for increased quantities; and that in poisonous doses produce stupor, coma, convulsions, and death. They include every drug used or abused for purposes indicated in the definition. In their use they are emphatically palliative and curative. In their abuse they are as emphatically enslavers and destroyers. Thus, as a definition, is their "*use and abuse.*" But just where use ends and

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where abuse begins, exactly what are their relations and what are their influences upon human interests, cannot be fully comprehended nor easily determined. Before entering directly upon our subject, we must carefully recognize some facts.

First. That unrestrained humanity is ever prone to convert its blessings into curses. Around this point the powers of heaven, earth, and hell have battled for ages, and will so continue.

Second. That narcotics and alcoholics are blessings in their proper use; that they promote comfort, prolong life, render misery endurable, dull pain, bring rest to the weary, and oblivion to agony; that they lighten physical burdens, dispel mental sorrow, and banish spiritual gloom; they thrill every fibre of the physical, vibrate every cell of the mental, and exalt every faculty of the spiritual being, until existence is permeated with delight and surrounded with ecstasy; that their doses are minute, their administration accurate, their effects constant, their results practical, their forms innumerable, their methods of exhibition various, and their influence comforting, fascinating, enchanting; that they are the comforts and blessings of men, the power of physicians, and are the gift of the Creator; that they are a part of the great design, and exactly fill that design according to His plans.

Third. That like all great and good things, diverted from their design, they bring disaster. Fire and water restrained bring comfort and life; in conflagration and flood they bring suffering and death. Air is necessary to all life; its constituents separated, the earth becomes a desert and the heavens a blank. The sexual instinct reproduces races; unrestrained and perverted, it leads down to hell. Gravitation gently sways all matter in lines of beauty and order; unbalanced, the universe becomes a hideous and confused wreck.

It is to be remembered, then, that narcotics and alcoholics are not merely the inventions of men, nor perverted forces, but they are as much the design and gift of divine power as fire, water, air, the instincts, and the properties of matter. They are as much for the benefit, use, and pleasures of men; but they are to be controlled, directed, restrained, limited, and modified in the same manner, according to common-sense and

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experience. Otherwise, disaster follows the use of these as well as of those. So much for the powers of narcotics and alcoholics.

Again: It is to be remembered that certain causes, conditions, natural propensities, education, contact, associations, lead individuals, families, and races to the use, render them susceptible to the abuse, and impel them to the destructive influences of narcotics and alcoholics. Early education, self-indulgence, the pain and sleeplessness of sickness and injury, nervous defects, nervous diathesis, and inheritance constitute important factors in this problem. These factors will be examined somewhat in detail.

Early education, though acting indirectly and remotely, is the great preventer or promoter of inebriety. One may not for years, even for a lifetime, come within the influences of narcotics and alcoholics, yet his whole childhood training be a positive training and preparation for the narcotic and alcoholic habit. When every whim, wish, and desire is gratified, every fancy for dress, every indulgence for the ear, eye, and palate is granted; when every aggression is permitted; when restraint is never enforced from childhood to youth,—then we have just the physical, mental, and moral condition that in more mature manhood induces narcotic and alcoholic drunkenness. Every evil has easy access to the already vitiated man. Indulgence has already weakened or destroyed the will, self-restraint, and self-respect; new or intensified appetites have been created, dormant desires have been prematurely awakened, and the whole man so debauched that he easily yields to any influence promising a new or intensified pleasure.

Then as childhood advances into youth, and youth into manhood, the stronger and baser passions and desires assert themselves, and they permit no restraint any more than did the whims, wishes, and desires of childhood. The whims for fancy toys and petty indulgences; the wishes for gaudy dress, personal exhibition, and display; the desire for sweets, spiced food, flavored drinks; the appetite for strong meats, rare dishes, and complex compounds for exciting and satisfying the appetite,—are converted into drunkenness, excessive or criminal sexual indulgence, and a resort to every stimulating and narcotic drug that can satisfy the perverted desires.

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Just here thousands resort to narcotics on account of the secrecy of use and facility of obtaining.

Indulgence is the direct and legitimate offspring of improper childhood habits. Certain persons have a raging desire for self-indulgence. They gorge themselves with food; they craze themselves with drink; they are unhappy, restless, in physical and mental distress, unless in the actual gratification of the appetites and desires. These persons invariably find their last resort in alcohol and the narcotics. Thus mothers have sent sons to an inebriate's doom, while with prayers and tears they implore heaven and earth to save them from the pit dug by their own hands. In the recognition of these facts, and in an education in accord with them, lies the hope of the world.

The use of narcotics and alcohol in sickness, surgical injury, weariness, sleeplessness, and nervous exhaustion, leads to their abuse. First they are used for relief, then for pleasure, and finally become a necessity to a weakened and diseased nervous system, each indulgence leaving the body demanding an increased dose to maintain the exaltation of the previous day. Thus temporary relief is obtained only to leave an increased and persistent craving.

Here is great danger to persons of best intention. Acute sensitiveness to pain, fear, impatience, distrust, render many persons easy victims to this relentless power. Many a good soul has an array of the nervines, narcotics, and stimulants, the innocuous valerian and odorous assafoetida, the incomparable but deadly morphia and chloroform. What was first an unpleasant medicinal remedy becomes a fascinating indulgence and a necessity to existence.

Another most important factor in this problem is the nervous diathesis. It must not be ignored; it overshadows all others. If narcotic and alcoholic inebriety are to be eradicated from the world, it will be only by early education based upon a full knowledge of this nervous temperament and its various modification and combinations, and diseased conditions.

Men are classified according to certain peculiarities. These peculiarities arranged in groups are called diathesis. These are named from some predominating peculiarity in each group. There are now recognized the gouty, the strumous, the bilious,

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the lymphatic, and the nervous diathesis. To the medical man these terms indicate much; to the layman less. Here it is necessary to consider in detail only the nervous diathesis, its combinations and modifications. Upon and around this all the other diatheses arrange themselves. The nerves, the spine, and the brain constitute the nervous system; and the nervous system constitutes the man. Hence, as we find the nervous system, so shall we find the man, and in view of all its peculiarities must be conducted the man's education, his moral training, and his medical treatment. Only upon this knowledge can be obtained the best results of education. Upon this knowledge and upon its fullest comprehension rests the hope of a new dispensation. The law does not correct, the gospel has not corrected, these evils of society. The law relentlessly punishes *after* the committal; the gospel saves *after* the repentance;—but, alas! who shall so train and educate men—lead men out of this wilderness of evil? Who shall educate them to self-restraint, self-respect, and true manhood? The law and the gospel are necessities; but an education based upon individual character, and natural, inborn propensities, weaknesses, and general tendencies, is as necessary to any further real advance in a Christian civilization. Let the law and gospel still operate, but yet push on the long neglected education.

Persons of this nervous diathesis are of small or medium stature, well proportioned; the skin is delicate, pale, fair, or florid; hair fine, light, or brown; eyes blue, grey, and bright; pupils small, sensitive to light and the emotions; skull large, well formed, and arched; the bones are small, compact, and strong; muscles small, firm, and powerful; the senses are acute and sensitive; the nervous system is well developed, evenly balanced, and dominating.

Such persons are acutely sensitive to pain and pleasure; they are eager for action, alert and prepared for emergencies; they can labor excessively, recuperate readily, and continue indefinitely; they are active, restless, and unwearying; they are earnest in business, excessive in pleasure, and vehement in passion.

They have little superfluous adipose or other tissue. The whole figure is one of alertness, compactness, restlessness, and

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intensity. They can perform great physical and mental labor, can endure great physical and mental distress. They can readily recover from exhaustion, can repeat former labor, and seem to possess a reserved force equal to any occasion. They have excellent digestion, perfect assimilation and active elimination; their vital forces are active, intense, and exhaustless. Their diseases are sudden and active in their onset, brief in duration, sudden in the termination, and complete in their recovery. Their surgical injuries are painful, have active healing without septic poisoning, erysipelas, or gangrene. They wince and cry with slight or sudden pain, are elevated in their emotions, are ecstatic in their loves, furious in their hate, insanely depressed in their disappointments, sorrows, and affiliations; their virtues are bright, their vices dark; their religious thoughts are exalted and their sins satanic.

Such is the nervous diathesis of the normal, best quality. Its possessors are the most active, intense, earnest, and successful of humanity. They can attend to the details of active life, can combine them into generalities and deduce results.

When the above are the general characteristics of individuals, families, or peoples, they are sure to assert themselves. History is but a constant repetition of races of this temperament, crowding upon, invading, fighting, defeating, and possessing. But persons of this diathesis are intensely sensitive and acutely susceptible. Under favorable conditions they are the thinking, acting, progressive element of all people; under unfavorable conditions they are the pests of society. They become erratic, unbalanced, unreliable, to-day of one mind, to-morrow of another opinion. They become nervous, tyrannic, oppressive, unconscious liars and disturbers. They rush into excesses, lead others into evil ways, alienate friends, distress families, and destroy themselves. When not having had proper early moral training, when having no self-restraint, when having no will power, when having been accustomed to self-indulgence in all its petty childhood forms, these are fully prepared for the wildest excesses, as occasion and opportunity are presented.

INHERITANCE.

That a passion for alcohol, produced by its abuse, in one generation, is transmitted to after generations, as an inheri-

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tance, is accepted. But this claim is supported neither by plausible theory, respectable analogy, nor sufficient evidence.

This claim is not supported by plausible theory. As an inheritance, no faculty, sense, desire, appetite, tissue, member, organ, or function has been added to or taken from the general plan since creation. Each of these has been modified, and the modification has become permanent and transmissible. But this can be maintained only by careful attention. The tendency is to return to the original, dropping the modification. Also, each of these may be perverted or deformed in an individual, but these perversions and deformities are never transmissible. Hence the theory that the abuse of alcohol can produce an intense, craving passion for alcohol, transmissible from generation to generation, is fallacious.

Again: This claim is not supported by respectable analogy. A similar claim has not been made for any other drug. No such claim exists against tea, coffee, tobacco. cocaine, chloral, chloroform, ether, or opium. All of these have as fixed and positive an influence upon the human organism as alcohol, and some a more powerful influence. Yet no transmissible disease or perverted appetite has ever originated from the abuse of these. There is no evidence that such is the fact. Hence there is no respectable analogy to support this claim.

And again: There is no sufficient, direct evidence to support this claim. After a careful examination of records of ten families for four generations, it is certain that as many sober men come from drunken parents as drunken ones from sober parents, so far as the directly inherited influence of alcohol appetite affected the offspring.

Also, again: We may notice that abrupt defects are never transmitted. An amputation of a given limb for a hundred generations could not be transmitted. Whoever heard of a Jewish babe being born already circumcised, or of a Chinese babe with head already shaven, or feet already bandaged. If the narcotics and alcoholics should be annihilated for a hundred years, it would not free the race from the curse that now leads to this indulgence.

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A CONCLUSION.

We may then conclude that the narcotic and alcoholic habit, as such, cannot be transmitted as an inheritance.

Nevertheless, inheritance is an important factor herein. That generations from drunken ancestors do become impaired in body, mind, morals, will-power, and in every quality that constitutes noble manhood, modest womanhood, best citizenship, refined society, and real Christian character, there is full evidence. But this occurs because the abuse of these is only one vice in a family already sliding toward a lower plane, because of actual loss of money, time, and active intellectual effort. The descendants of drunken ancestors are exactly under the same influences as are the descendants of those deteriorated from any other cause—no more, no less.

PREVENTION AND CURE.

Exactly here our difficulties begin. The fact is, that persons addicted to this habit have no self-restraint whatever. They must and do gratify their desire for their favorite drug or drink, and the more the gratification is delayed, the more frenzied becomes the desire. They will pay any price, resort to any device,—they will lie, steal, cheat, deceive, disregard promise and pledge, destroy honor itself,—to gratify this raging desire. Now, I doubt that such cases are ever cured.

WHAT THEN?

Now, these cases do not indicate immediate destruction to our nation and race. They are the imperfect ones found in plants, beasts, birds, and men. Nevertheless, they are becoming so numerous as to perceptibly, notably, influence the masses, and that injuriously.

REFORM.

Reforms of the masses come in two forms. One by a general and gradual diffusion of correct ideas, by persistent education of individuals. This may be somewhat aided by schools, colleges, churches, and societies, but lasting intellectual and moral education is the result of personal effort. This is one

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method of national reform. Another is by violence and blood. In the first is the hope of the world: in the second is the last resort for desperate cases.

PRACTICAL APPLICATION.

Now, then, at the risk of being estimated a fool or a fanatic, perhaps, I will state my sincere convictions:

First. The time will soon be when a real inebriate will be put under thorough restraint.

Second. That prohibitory enactment alone will not cure nor reform this raging desire. This may suppress the same only to drive it in another direction for gratification.

Third. That as a nation, our hope is in the continuation of the family and its wholesome influenees. The power of a substantial, earnest, healthful, thoroughly Christianized mother is greater than that of all the organizations this side of heaven.

The modern fashionable mother will not save us—this mother with hands like dish-cloths, legs like those of Pharaoh's queen in a Boston museum. Her "breasts are" not "like young roes that are twins," because they are made of wire; the smell of her nose is not like apples, because she has catarrh; and the roof of her mouth is not "like the best wine," because she has false teeth. She is a foeticide, a chronic invalid, with congested womb and leucorrhœa; suffering from backache, headache, heartache, speculums, pessaries, and supporters, the sting of regret and the agony of remorse. Such mothers do not reform worlds.

Also, the Puritan father was an old humbug. He pounded the pulpit, hummed at family prayers, and coveted his neighbors' shekels; was an obstinate old curmudgeon, thinking the while that his own will was God's will.

But the Puritan mother was an angel—a daisy. The Puritan mother, to whom her God was first, her duty next, and to whom her family was her constant care and purest delight,—she was and is the angel to guide us out of evil into good. Her hand might have been heavy upon our gluteal region, and her nimble fingers may have often developed our aural appendages, yet we now thank her pure, grand soul in heaven for the *love* that tempered all and conquered all. She was and is the conserva-

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tive force that has so long preserved our old New England stock.

Now, then, I have presented this theme to direct your attention to what we cannot ignore. We must aid in advancing these questions of reform, not by denunciation, intrigue, harangues, but by a common-sense examination and discussion, holding to the *proper use*, but restraining the *abuse*, of any and all good gifts from the Creator. I am sure that a higher and better education and training will bring the needed reform.

Finally, I cannot see that we should demand the annihilation of narcotics and alcoholics.

Prof. Peaslee, prescribing an alcoholic for a young man with a wasting disease, said,—"I prescribe whiskey, perhaps at the risk of saving a patient to make a drunkard. But, gentlemen, it is our duty to save the patient, and leave the man to a great and good Being whose mercy endureth forever."

DISCUSSION

Opened by Dr. D. S. ADAMS, of Manchester.

Mr. President and Gentlemen: In discussing a question of this nature, it may possibly be a little difficult to eradicate prejudice; but, still, a man in discussing a scientific question should not in any way allow his prejudice to influence him.

When I was asked to discuss this question, I supposed it would be confined a little more closely to medicine and medical uses, rather than take the form it has taken. Many features of the paper I fully agree with, and a great number of them I do not think anybody can question. The methods of cure I agree with in many respects, but the question of heredity I do not quite agree with. I believe that in every drunkard's family there are children with feeble stomachs—weak, flabby, mucous membrane—as the result of their father's inebriation. I believe they are apt to inherit broken, nervous constitutions, and that is where many of our weak constitutions come from. I believe that this weak, flabby condition of the mucous membrane, together with the broken, nervous constitution, is very apt to lead to some excess. I think that statistics will bear me out in this.

There is another statement made here that I do not know as

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I fully understand. That is, the great benefits of alcohol, its wonderful effects, etc. I did not fully understand whether this was in health or disease.

Dr. CHILDS.—In a diseased condition.

Dr. ADAMS.—The medicinal use of alcohol I fully believe in. I think it is a benefit, but I should not have it prescribed promiscuously. These are careless remarks that some physicians make: "Take porter." "Get yourself some ale and drink it." "I think a little whiskey would benefit you,"—and remarks of that kind. I believe that is a dangerous way of prescribing alcoholics and narcotics. I have seen physicians leave morphine powders, and have heard them say,—"You take two or three of these powders, and if more are necessary, you can get them,"—not limiting the number of powders at all. They would make only two or three visits, and leave their patients to take morphine as long as they saw fit. I believe that is dangerous, and this is where we should guard ourselves. I believe that alcohol should be prescribed and used in medicine just as definitely as strychnine, belladonna, morphine, or any other poison. It should be given in definite quantities, and at fixed times, and I believe that when so given we get better results than when prescribed promiscuously.

We cannot come more fairly to a decision in the matter than to look over "Pepper's System of Medicine." This is written by American authors, and the general opinion therein contained would be the American idea. In looking over "Pepper's System of Medicine," I find that alcohol is recommended in twenty-nine different diseases only. This may seem surprising to some of you. I was a little surprised when I had made up my notes to find that in twenty-two of these diseases it was recommended for almost the same exact symptom or condition of the system. The other seven used it, two or three for one condition, and the others for various conditions. (Opinions read.)

I have looked over some other works, to know just when we should recommend it and use it, and I find that most authorities agree that it is necessary when the heart becomes slightly indistinct; that is, when there is depressed circulation. Then is the time that alcohol is going to benefit our patients.

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The late Alonzo Clark used to say,—"Alcohol has a very small place in my therapeutics. I find cases of fever where the heart is very much depressed, and I wish to tide it over a few days, as it were; I can do it with alcohol when I cannot do it with anything else, and here is about the only place I use it." That made a firm impression upon my mind, and from that time until now I have been trying to learn when to use alcohol in medicine, and have about come to the same conclusion as Professor Clark.

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REPORT ON SURGERY.

BY M. W. RUSSELL, M. D., CONCORD.

MR. PRESIDENT AND FELLOWS:

I have decided to make my paper a report of a few cases that seem to me of interest, which have occurred in my own practice, or have been treated at the Concord hospital. I do not report them because of their rarity, or the importance of the operations; but they all belong to classes of cases which occur with greater or less frequency in the practice of every physician, and a part of them present deviations, favorable or unfavorable, from the usual course of such cases.

CASE 1. This was a punctured wound of the hand near the metacarpo-phalangeal joint, made by the tine of a hay-fork. The wound was received in the afternoon, and I was called at ten o'clock the next morning. The pain became quite severe soon after the accident, and was accompanied by marked chills. I found the patient extremely restless, tossing about the bed. The extremities were covered with a cold perspiration, and the face presented a most anxious expression. There were twitching of the muscles of the arms, and a disagreeable sensation about the throat. I gave the patient ether, and cut the soft parts to the bottom of the wound, and then enveloped the hand with a flax-seed poultice and covered the cut with tobacco. All of the disagreeable symptoms subsided in a short time, and the wound healed rapidly.

CASE 2, male. A punctured wound of the hand by a large nail penetrating the belly of the flexor muscles of the thumb to the depth of one inch and a half. I saw the patient forty-eight hours after the injury. The hand was painful and swollen, and the wound was badly inflamed. The patient had the ner-

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yous, anxious appearance so characteristic of this class of injuries. I injected cocaine and made a free incision to the bottom of the wound, and then applied a flax-seed and tobacco poultice. The inflammation subsided rapidly, and the wound healed without further trouble.

Case 3, male. A punctured wound made by the tine of a manure-fork being driven entirely through the hand, between the second and third metacarpal bones near the metacarpo-phalangeal joint. I saw the patient the fourth day after the injury. He was having severe rigors, every part of the body shaking violently. His tongue was coated, the pulse accelerated, his throat sore, and he said that he "felt sick," and had grown worse rapidly for twenty-four hours. The wound had a blue, unhealthy look, and had not suppurated at all. I passed a knife through the hand a little above the wound, and divided the tissues entirely through the web between the fingers. The artery supplying the middle finger was cut in the operation. I allowed this to bleed quite freely before tying it. I then dressed the hand with a flax-seed and tobacco poultice, and gave quinine, grs. ii, every two hours. The relief from all of these symptoms was marked and prompt, and his recovery was most satisfactory.

The members of this Society who attended the lectures of the late Dr. Dixi Crosby, will remember the importance which he attached to freely incising to the bottom all punctured wounds, in order to prevent tetanus. He claimed excellent results for this mode of treatment. The fact that tetanus arises more frequently from this class of injuries than from incised wounds is generally though not universally acknowledged by the profession. In treating these cases I introduce the knife a little to one side of the wound, and carry it as deep as the instrument penetrated, or a little deeper, and then cut outwards freely. I should do this even at the risk of dividing the plantar or palmar arch if the injury was in the neighborhood of these vessels, as I firmly believe that the advantages of the operation infinitely outweigh the dangers of this accident. I have great confidence in the tobacco poultice in these cases. It seems to act as a sedative, removing the irritation of the peripheral nerves. The wound produced by a fragment of the fulminating

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cap of the deadly toy pistol is of the nature of a punctured wound, and if I were called to treat such an injury I should make one or more free incisions as the first step in the treatment.

CASE 4. Admitted to hospital December 18, 1888. This was a railroad injury received while coupling cars. The coupling-link was broken as the cars came together, and a fragment weighing two and one half pounds struck the left leg of the patient midway between the knee and ankle, producing a compound comminuted fracture of the tibia and fibula. A portion of the tibia three and a half inches in length and one half the thickness of the bone was removed in fragments before the patient was brought to the hospital. The leg was put upon a wire splint, and the wound dressed with carbolized gauze and iodoform. December 22 inflammation developed, and a poultice was substituted for the carbolized gauze. From this time till his discharge from the hospital the wound suppurated freely. A large abscess formed below the wound, and was opened January 12. The wound was irrigated daily with solution of hydrarg. bichloride. February 12, some eight weeks after the injury was received, the limb was put into a plaster cast with a fenestrum over the open wound. Patient was discharged March 12, convalescent. Since then several small pieces of bone have been removed. At the present time the wound is entirely healed, and the patient is practically well. The patient did not at any time suffer pain, and during the whole time that he was in hospital the appetite was good, and the pulse and temperature normal. For medicine he had syr. hypophosphites co. ʒi, three times daily.

CASE 5, male, 45 years of age. While at work on Wednesday, March 27, 1889, he ran a splinter of hard pine into his finger. It entered one side of the finger, and passed across close to the end of the bone, about $\frac{1}{8}$ inch in front of and nearly parallel with the nail. The fragment of wood was about the size of the end of a tooth-pick, and one half inch in length. It was removed at once, and the man worked without inconvenience the remainder of the day. Thursday, the finger was somewhat painful, but not so much so as to prevent his working. While returning to his home at night, the pain increased rapidly, and all the fingers of the injured hand became strongly

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flexed. The hand was quite painful during Friday and Saturday, and was swollen nearly to the wrist. I was called Saturday evening. A careful examination failed to detect pus in any part. The distal extremity of the finger was but slightly swollen. All of the fingers were firmly flexed, and could not be straightened by the application of any force that the patient could bear. Thinking that a fragment of wood might still remain in the finger, I passed a tenotomy knife along the track of the wound and cut outwards, but found nothing. The wound from the knife healed firmly by first intention in twenty-four hours. I applied poultices to the whole hand, and gave quinine freely. Sunday and Monday the pain and swelling were much less, and late Tuesday afternoon, when I made my visit, the patient was quite comfortable. About nine o'clock, Tuesday evening, the pain suddenly increased, and was very severe during the night and through the forenoon of Wednesday. I was sent for early in the afternoon, and found the patient suffering intensely, and the injured finger black and absolutely dead two thirds its length. A large part of the hand was badly discolored. I made free incisions in the finger, and in the palm and back of the hand. Quite an amount of pus escaped from the openings in the hand, but none was found in the finger. This was followed by considerable relief from pain. Several days afterwards I amputated the finger at the metacarpo-phalangeal articulation; subsequently pus formed among the flexor and extensor muscles of the thumb, and was evacuated by free and deep incisions, and the pockets were washed daily with a solution of bichloride. The wounds healed quite rapidly. At the present time the contraction of the fingers is much less, and they can be quite fully extended by a little force. The patient has quite good use of the hand.

The etiology of the pathological conditions which existed during the progress of this case is to me most obscure, and any theory that I can frame is most unsatisfactory. A slight injury to the distal extremity of the finger of a healthy person was followed at the end of twenty-four hours by pain and by tonic contraction of all of the fingers of the injured hand. Pain, more or less severe, and swelling of the hand were

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symptoms which characterized the next four days. But there was so little inflammation at the seat of the injury, that a free incision healed firmly by first intention. On the fifth and sixth days the pain was much less, and the swelling diminished. Then suddenly, without apparent cause, the pain became intense, and mortification ensued within twelve hours. What produced the obstruction to the arterial circulation which resulted in gangrene of the finger? In what way did this slight wound of the distal end of the finger cause suppuration in the hand? Were all the symptoms the result of injury to a nerve?

CASE 6, male. Admitted to the hospital January 21, 1889. About three weeks previous to his admission he was struck upon the dorsal aspect of the ring finger of the left hand by the sharp edge of a hatchet, which inflicted a flesh wound only. This was followed by inflammation and extensive swelling, and later by suppuration in the finger and hand. Previous to his admission, the back of the hand had been freely incised, and pus had discharged freely. At the time of his admission a large pocket of pus in the palm of his hand was opened. At this time the original wound was not healed, and its edges were swollen, everted, and ragged. The whole hand was badly swollen, and had an erysipelatous blush. January 23 the finger was amputated at the metacarpo-phalangeal articulation. The first phalanx was entirely denuded of periosteum, and so softened as to break in pieces easily. The bone gave no evidence that it was injured by the blow. After the operation the swelling subsided rapidly, but suppuration kept up for two weeks. The wound healed as readily as could be expected, and the patient was discharged, well, February 10, 1889.

The last two cases illustrate results which sometimes follow slight injuries. The last patient was a robust and apparently healthy man, and the wound was a comparatively small one made by a sharp instrument. It was such a wound as we should expect would heal fully in a week. Instead of this, necrosis of the bone and abscess of the hand resulted. I have no question but the loss of bone and of soft tissue would have been much greater if the amputation had been longer delayed.

CASE 7, male. Admitted to the hospital December 20,

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1888. This patient had a large tumor of the neck, which nearly filled the anterior, triangular space. The tumor was somewhat elastic, and distinctly lobular. He also had chronic cystitis, and it was subsequently learned that he was a victim of the opium habit. The patient was greatly emaciated, and for two months had lost strength rapidly. A consultation of the hospital staff was held December 21, and it was the unanimous opinion of its members that the removal of the tumor afforded him a very slight, but the only, chance of living. The patient was etherized, and the tissues over the tumor carefully divided, layer by layer. The tumor was found to lie beneath the cervical fascia, and extended under the anterior border of the sterno-cleido-mastoid muscle. It consisted of a large number of encysted tumors, which varied in size from a kidney bean to an olive, embedded in a mass of infiltrated cellular tissue. The appearance of the growth was as if a quantity of plastic matter had been liquefied, and then poured in among the encysted tumors, muscles, blood-vessels, and nerves, including them all in a confused and inextricable mass. The location and character of the growth, taken in connection with the exhausted condition of the patient, rendered its removal, as a whole, impracticable. About thirty of the encysted tumors were dissected out and removed. In doing this, the internal jugular vein and common carotid artery were exposed. During the operation the heart's action was very feeble, and the breathing extremely irregular. After a few hours he rallied from the effects of the ether and the shock. Suppuration was encouraged by poultices. He was supported by stimulants, opium, and quinine. His appetite was excellent, and he took from seventy-two to eighty-four ounces of milk daily. The wound suppurated freely, and the growth that remained after the operation rapidly diminished in size. Six days after the operation the temperature rose to 104°, but afterward sank to 100°. At the same time the pulse increased to 130, then to 140, and the patient became delirious. He sank rapidly after December 31, and died January 3, thirteen days after the operation, from exhaustion. This was a case in which an operation is justifiable only as it affords a very slight chance of saving the patient from a condition that would, if left alone,

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inevitably prove fatal in a very few days. An operation performed at a very much earlier date in all probability would have been followed by a very much more favorable result.

CASE 8, female, age 50. Admitted to the hospital December 27, 1888, with a large tumor, evidently schirrus, just below the left axilla. This was first noticed some two years previously, but it had grown rapidly during the last six months. After the main tumor was removed, several enlarged glands were found in the axilla, and removed. One of these, two inches in length, lay alongside the axillary artery and close to its sheath, and extended to the border of the first rib. The edges of the wound were carefully brought together and sutured, the incision dusted over with salicin, and a thick compress of antiseptic cotton applied so as to secure firm pressure over the whole of the surface of the wound. The wound healed readily, but the third day hemorrhage occurred from some vessel high up in the axilla, which gradually separated the walls of the cavity, and finally broke up a large portion of the union between the flaps, leaving a large open wound. This partially healed by granulation, but a pocket with glazed surfaces was left. I injected daily equal parts of tinct. iodine and alcohol, and the wound gradually closed up. The patient was discharged January 30, well. Two months afterwards a small tumor developed in the breast of the same side. This is now gradually increasing in size, but she refuses to submit to an operation for its removal.

The importance of the early removal of cancerous growths is now acknowledged by the larger part of the medical profession. The clinical experience of the most careful observers has established the fact that early removal is much less likely to be followed by a recurrence of the disease in the same place, or in distant parts, than an operation performed at a later period. The most eminent pathologists, viewing the matter from an anatomical stand-point, coincide in this opinion. Virchow holds firmly to the view, which he has for a long time maintained, that cancer is primarily a local disease, and the dyscrasia a secondary result. In a paper which he has lately published he makes this startling statement: "If cancer is in its beginning, and often for a long time, a local disease, then it must be

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possible in this time to heal it locally," and adds,—"The difficulty to a complete cure of cancer lies in the formation of accessory foci." It is most probable, if the fact has not been positively demonstrated, that the spread of the disease to other parts, and the formation of accessory foci, are due to the carrying of granules detached from the parent cell to surrounding, or even distant, tissues and lymphatic glands. I believe that all tumors, the nature of which is at all in doubt, should be removed at once, if they are in a position which permits of their removal; and, further, that the operation should be thorough and radical.

In cancer of the breast all enlarged glands in the axilla should be carefully sought out and removed, and the lymphatic trunks destroyed. I think it is a fact that tumors which are at the beginning free from any taint of malignancy may at a later period become the seat of a malignant growth. Every physician of large experience can recall cases where a tumor which had existed for years, growing very slowly, and giving rise to no pain and but little inconvenience, suddenly developed a malignant tendency, and rapidly proved fatal. It is not consistent with our knowledge of the clinical history of carcinoma to suppose that these growths are cancerous at the beginning; it is much more probable that they furnish a structure peculiarly adapted to the development of cancerous tissue. It is an important question whether the early removal of these tumors might not prevent the development of cancer in the patient.

DISCUSSION

Opened by Dr. J. J. Berry, of Portsmouth.

I have listened with a great deal of interest to this paper, and do not know as I can add much; nor will I presume to criticise what has been said to any extent. There a few points, however, which are well worth discussing.

In regard to cases of punctured wounds, there is a great variety of opinion as to the method of operating on them, and subsequent treatment. The method of treating the wounds as described in the paper I should consider a very proper and efficient one. Many of the bad results of such wounds are no

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doubt due to the introduction of septic material. In such cases the course to pursue is to remove it by laying open the wound and thoroughly cleansing the same. In many cases, however, I believe the unfavorable symptoms are due to purely mechanical causes. A punctured wound is, of course, a lacerated and contused one, and there must necessarily be thrown off a good deal of dead tissue before healing can occur. The greater the laceration, the greater the necessity for free drainage.

There are many forms of punctured wounds which heal very kindly without much surgical interference. I recall quite a number of such cases, particularly cases of stiletto wounds, which were of considerable depth, but which involved no vital organ. Here repair took place in much the same way as those of the incised variety. The forms of punctured wounds which give me the most trouble, however, have been those involving fibrous tissue: as, for example, the plantar and palmar fasciæ, and the deep fasciæ of the thigh. Whether this is due to its anatomical structure, or to its relations to other parts, it is difficult to say. Yet I have no doubt but that many cases of tetanus and other septic conditions take their origin in this same fibrous tissue. If I had reason to believe that the wound contained septic or other foreign material, or that much internal laceration existed, I should follow the method advocated by the doctor in his paper. In other cases, however, I should feel inclined to wait a little before enlarging the wound and increasing the area of the granulating surface.

Regarding the case of the cancer of the breast, the method pursued is, I think, the proper one. There are many cases which, as the doctor says, at first have evidence of being purely an unnatural growth without any signs of malignancy, which at a later period may develop into a cancerous growth; but, at the risk of appearing a little more conservative than a great many, I would say, that as long as their character is simple, let them alone. But if it is found necessary to remove them, when it comes to the surgical treatment I would go to the other extreme, removing everything that seems to be affected in the slightest degree. If this method were used more universally, we should not have so many cases of returning tumors after operation.

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Regarding the removal of the tumor of the neck, I think the result was what might be expected. I think the results in the case of the fracture of the tibia were unusually good.

Dr. G. P. Conn, of Concord.—*Mr. President:* There is one point which I should like to emphasize in Dr. Russell's report, and that is in regard to the removal of cancerous tissues of the breast. I firmly believe that if patients would submit to operations early, we might be able to save a great many lives. I have a case in mind where three operations were performed in less than three years, and, so far as I know, there has been no return of the cancerous growth since the last operation. The patient was one of those plucky women who are bound to live if there is a chance. Such people seldom shrink from operations that are considered necessary, and as surgeons we are fortunate when such people come to us for relief, as they are sure to come early. Therefore there is a satisfaction in an operation, because there is good reason to hope that the disease will not return.

Dr. Dinsmoor, of Keene.—I wish to bear my testimony to the same point, that is, in regard to the removal of cancerous disease of the breast.

Some fifteen years ago I removed one of these tumors from the breast, including the entire gland, and there has been no recurrence of the disease since. That case demonstrated to my mind that these growths are not constitutional in their early stages, but that they are local, and if removed early enough, in many instances at least, we may expect a cure. This cure was one of especial interest to me. It may be questioned by some whether it was of a cancerous nature or not. It was my opinion that it was. It had the characteristic symptoms of a cancer. I would further say that Dr. Buck, who died at Manchester a few years ago, saw the tumor before the operation, called it a cancer, and advised the removal. The lady has remained entirely well for fifteen years.

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CHEMICAL ANTISEPSIS IN COUNTRY PRACTICE.

BY ROBERT BURNS, M. D., PLYMOUTH.

I have been asked to give you to-day the results of practical antiseptic treatment in general country practice. I wish to emphasize the word practical by more than italics. A great mass of the writing on antiseptic and aseptic surgery (in fact, a large proportion of all medical writing) is of little or no practical value to the general practitioner. It views the subject from an ideal stand-point, and though it may be theoretically interesting and valuable, the busy surgeon whose work occupies all his time, and whose position at a distance from the great centres forces him to self-reliance, is more helped by the writer who takes into account the practical difficulties of his situation than by the most talented theorist whose fine results follow after the use of aids which the general public must forego.

The busy man in general practice has comparatively little time for reading, and the physical fatigue of the "road-work" of his profession is likely to prevent him from elaborating from a theoretically scientific article the practical points which would be of service to him in his daily work. Do not understand me to mean that the "country doctor" cannot and does not do original thinking, but that those writers who help him most in his daily work are those who do not require original investigation from him before he is able to avail himself of their ideas.

I think the subject-matter of this paper is of much interest to us all. The great principle of asepticism, which underlies all modern surgery, you will all, at this date, I think, grant. The question which interests us to-day is, How far, and in what practical way, does this principle concern us in our daily work?

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The aseptic method of treating wounds consists in obtaining and maintaining a condition free from micro-organisms by preventing absolutely their contact with the wounded surfaces.

We are, as a profession, of many different minds in regard to the possibility of carrying out this method in any practical way. The city specialist, whose coachman drives him in a coupé, who has a corps of trained assistants and nurses, whose operating-room is every inch tiled, the cost of whose armentarium surpasses that of the whole establishment of a "country doctor," probably thinks that aseptic methods are possible and practicable. The country doctor, who grooms, harnesses, drives his own horse, and finally blankets and hitches him at the door of some out-lying farm or lumber-camp, where he finds unplaned floors, rough walls, and inadequate ventilation, will probably give you a very different view of the practicability of aseptic methods.

Many, perhaps most, of our patients have better surroundings than this view of country practice would seem to promise. Yet better surroundings may not be more aseptic, and I am happy to say I have had many patients do well amid surroundings quite as unfavorable.

That asepticism is the duty and should be the aim of every surgeon I am quite willing to admit. But I most emphatically maintain that the "aseptic method" of reaching the desired goal is, in ordinary country practice, both impracticable and impossible. Under such circumstances the attempt absolutely to exclude micro-organisms would be the purest folly. The surgeon must take the possible entrance of germs for granted, and endeavor to neutralize their power and prevent their development.

The world-renowned surgeons, who throw the weight of their authority into the scale against chemical antiseptics, are, it seems to me, very differently situated from the ordinary country practitioner. The majority of the operations which they undertake are of such gravity that they absolutely demand every extraneous aid which favorable surroundings and skilled nursing can give. Many of them are operations within the peritonaeum or on the female pelvis, in which field the benefit of the use of chemical antiseptics is more nearly on debatable

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ground than in general surgery. If I could control my patient's surroundings, the absolute cleanliness of his apartment, of his linen, of his person, of every article brought into his room, the personal cleanliness of his every attendant, I would not hesitate to give a fair trial to the "simple cleanliness" which some members of our profession vaunt so highly. But what are the practical possibilities of such measures? Perhaps I harness and drive my own horse to my patient's door. With my usual chemical antiseptics I can do this,—I would feel safe in opening the abdominal cavity if called upon to do so.

I find my patient a laboring man, living in a house with two or three rooms, floors unplaned with cracks one half or three fourths of an inch wide, and filled in with the accumulations of years; walls rough, plastered, and begrimed with smoke. If it be winter, I am fortunate if I can secure any adequate ventilation without turning to a door or breaking a window. The personal condition of the patient varies with the individual. It is never too good.

All my surgical instruments and dressings are carried in one small hand-bag. I have carbolic acid, tablets of cor. sub., and iodoform; needles, knife-blades, and other small instruments are kept in a 1:60 carbolic glycerine solution. After using and cleansing, they are put back into this solution, and thus are always ready for immediate use. Other, larger instruments are put into a 1:40 carbolic solution some time before needing them. My bag contains silk on a reel, and drainage-tubing, both in a 1:4000 solution of cor. sub. Sterilized sponges are carried in a 1:10000 cor. sub. solution, and suitable pieces of oiled silk are put in same some time before using.

After the skin adjacent to the wound has been thoroughly washed, both skin and raw surface are bathed in a cor. sub. solution, the strength varying between 1:1000 and 1:5000 in inverse proportion to the extent of raw surface. After the incisions are completed the cut surfaces are washed for a considerable length of time in a 1:4000 cor. sub. solution, hot enough to check bleeding, to blanch tissues, and to render parts thoroughly aseptic.

For ligatures I use silk and cut the ends short. If the wound

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be a large one and necessitates the use of a drainage-tube, I do not think that it makes much difference whether or not the ligatures are cut short; but if the wound be small, if there be no drainage-tube, or if it be early removed, I consider that the long ends of ligatures prevent absolute healing in a short space of time. These short silk ligatures either become absorbed or encapsulated. The why or the how is not a question of practical interest. At all events they give me no trouble, and I get healing by first intention through the full extent of the wound, which is not closed until every particle of oozing of blood has ceased. For healing I depend largely on the most careful and accurate approximation of the parts. I use silk entirely for sutures. Formerly I used catgut largely, but became convinced, after trying alternate stitches of silk and catgut (both treated in the same way), that the catgut were foci of suppuration, while in no case would the silk cause trouble. After the wound is closed and thoroughly washed with a 1 : 4000 cor. solution, iodoform is used freely, as wounds seem to heal more kindly with it than without it. After this, a piece of sterilized oiled silk, large enough to cover the wound, is applied. This is used for two purposes,—to prevent sticking of the dressings, and to keep the plasters, which cannot be rendered aseptic, from contact with the wound. Over this are placed several layers of sublimate or carbolic gauze, then a large piece of oiled silk to cover the whole, and bandaged in the ordinary way.

Subsequent dressings I do if possible myself, and make them as few and far between as may be. On redressing, the wound is generally found to be so clean that the usual washing is simply a process of dampening with an antiseptic solution. Since I began the constant and systematic use of antiseptics, I have seen most cases heal without a drop of pus. In simple amputation I have come to expect healing by first intention except around drainage-tube, and solid healing in from twenty-one to twenty-eight days after operation.

As a rule, I greatly prefer the action of cor. sub. to that of carb. acid as an antiseptic. But if I know of the existence of albuminuria, or suspect any latent tendency to disease, or congestion of the kidneys, I am very careful to avoid it. It will be seen that my method is exceedingly simple, so simple that it

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would hardly be a matter of interest to listen to except for the fact that its very simplicity makes it practicable.

The first case I desire to bring to your notice is that of a laborer who had been subject to severe attacks of inflammation from strangulated hernia for several years. I found the intestine bound down in such a way as to demand the free opening of the abdominal cavity. Bowel was freed, and wound closed and dressed, as stated above. On the fifth day the dressings were removed, and the wound had entirely healed by first intention.

The second case is that of a boy nine years of age, with compound dislocation of the knee-joint and severe injury to the lower end of femur. Amputation was performed in the upper part of middle third of thigh. In twenty-five days the wound was healed, and the patient was out of doors on crutches.

The third case is that of a woman, fifty years of age, with strumous disease of the knee joint involving lower end of femur. Amputation was performed in middle thigh, leaving, contrary to my usual custom, a long femoral ligature. On the twenty-first day I found the wound entirely healed, with the exception of a small point at the exit of the ligature. I then cut this ligature off just inside the skin, and the wound at once closed over it. The ligature has never given the patient any trouble.

The fourth case is that of a man whose arm was caught by machinery, and torn off just below the shoulder. The upper arm was terribly lacerated, the tendons being torn out from the shoulder-joint. This man was an alcoholic. The arm was amputated one inch below the shoulder-joint, and the wound was entirely healed in eighteen days.

The fifth case is that of an amputation of the fore-arm three inches above wrist. In this case there was never one particle of moisture, and the wound healed at once by first intention, the ligatures being cut short and no drainage-tube used.

The sixth case is that of a man who struck an axe into his ankle, cutting off the internal malleolus, leaving a large slice of bone hanging in the flap. This was dissected out, and the skin carried up and stitched. Healing took place at once by first intention.

The seventh case is that of a wood-chopper, who laid his

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knee-joint freely open with an axe. The joint was washed out, the wound closed, and the joint immobilized. The wound healed by first intention, and in three weeks he was upon his feet with a perfect knee.

Two of these cases, one strumous and the other alcoholic, probably would have been fatal had they been obliged to pass through the wasting effects of long continued suppuration and healing by granulation. These cases are almost all consecutive from the work of last winter and spring. They have been selected as being typical illustrations of the point of my paper, and because the details are fresh in my mind. Many more could be given, but they would not serve to prove my argument by anything more than multiplicity of example.

The fact that many times wounds heal kindly without antiseptics of any kind, and even without any care whatever, does not prove anything, for these cases are admitted to be exceptional, and occur as accidents rather than as the uniform results of a definite system. It is now something over two years since I have seen a touch of "surgical fever" in my own practice, and in uncomplicated surgical cases I have rarely seen a temperature above 100 degrees. I now get healing of large cut surfaces by first intention as a rule: formerly it was the exception.

We must in some way overcome the unavoidable lack of absolute cleanliness in order to secure the aseptic condition which is necessary to union by first intention and the prevention of the formation of pus. I am thoroughly satisfied, from my own experience, that we, as country practitioners, are obliged to use some powerful germicide to secure the best results in our surgical work.

While the antiseptic selected must be used freely enough and in a sufficiently concentrated solution to fulfil its purpose, and must be unirritating to the wound and harmless to the patient, yet for our purposes we also require that it, as well as instruments and dressings, be capable of being carried in small compass, and effectively used in some way which demands neither elaborate and expensive machinery nor skilled assistance.

The simpler an effective and successful method of operating and dressing in ordinary accident cases can be made, the better

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results we may expect. We wish to take every necessary precaution to secure good results, but we are forced to economize, not only in regard to expense, but also as to time and strength, and the unnecessary elaboration of Listerism and kindred methods render them unsuitable for our purpose.

The points which I wish strongly to recommend to your notice regarding the method (if I may use the term) I have described to you to-day are, the extreme simplicity, especially adapting it to the unassisted country surgeon, and the uniformly good results I have obtained since beginning its use.

DISCUSSION

Opened by PROF. W. T. SMITH, of Hanover.

I do not know that I have anything to say upon this subject which will be of any value. I listened with great interest to the paper, as I have no doubt all of you did. I can readily assent to the position taken, and the results which Dr. Burns shows, it seems to me, are valuable demonstrations of the soundness of his position.

The use of the aseptic method can be resorted to only when it can be absolutely applied, and under favorable circumstances. The use of antiseptics has entirely revolutionized the surgical practice, and given us the confidence that we feel in operating as to the results that we are to obtain.

It is true, as we all know, and particularly in our country practice, that, notwithstanding the fact that we meet with uncleanliness, we feel the effects of septic germs much less than in city practice, which is due to the country air and other favorable circumstances, and surgeons can oftentimes successfully perform operations in the country without the use of antiseptics. I remember a medical student, who had been in the lumber business, telling me how the lumbermen, in handling the spruce logs, used to get abscesses on their hands, and were continually going to him for permission to go into town to get the abscesses lanced. Finally, one of the firm came to him one day and asked him if he would not try to lance an abscess on the hand of one of the men. He said, "Yes; but I have nothing to do it with." But he took a pocket-knife and went ahead,

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lanced the abscess, did it up, and the hand did very well. After that the firm got a lancet, and every time a man came with an abscess upon his hand—and that was about every day—he would open it, and then have the man go to the house of a woman, who would put flaxseed-meal poultice on his hand. The man would then go to work and earn his $1 per day, and the crew was kept full. I asked him if he did not have any trouble afterwards, and he said "No trouble at all." That shows what may be done with strong, robust constitutions.

I think that, in a great many cases, something may be done without the use of antiseptics; and a great deal which has been said in favor of their use applies much more emphatically to city practice than to country practice. Nevertheless, I believe we should do everything we can that will conduce to the safety of our patients, and it seems to me that the details that Dr. Burns has given us will make an excellent programme for anybody to follow.

THE PRESIDENT.—I see that Dr. Hill is present, and we will now hear from him.

DR. L. G. HILL, of Dover (who had been absent during the reading of the paper by Dr. Burns).—This is a very queer state of things,—to ask me to discuss a paper that I do not know anything about and have not heard. I am very sorry that Dr. Burns read his paper in my absence, as I wanted to hear it for information. I know nothing about the position that Dr. Burns has taken with reference to antiseptic surgery, and I cannot say very much in regard to it.

It is well known that Lister himself has not used the spray since 1885, nor does he use the elaborate dressings. In fact, a very simple cure is absolute cleanliness. If we have that, nothing else is required. I remember that in some cases in New York no precautions whatever were taken save to be clean. The instruments were kept in antiseptic solution, and they relied upon cleanliness.

DR. G. P. CONN, of Concord.—*Mr. President:* I wish to say only a word. I think that Dr. Burns has given you a most admirable paper on surgery as we see it in the country. He is peculiarly situated, at a point leading into the wilderness, and has a great deal to do among the lumbermen. He has that class

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of people to deal with that live away back in the woods. He finds them in lumber camps, in huts constructed out of refuse lumber merely for the purpose of keeping them through the winter, and built as cheaply as possible without any regard to the conditions which he finds there. They are built for people in health, and are not erected for the purpose of taking care of the sick. They are in the woods, and oftentimes the people are hours without any treatment before a surgeon can reach them. He is so situated, at the junction of two railways, that he has long distances to go, and frequently finds his patients, perhaps in the middle of the night, with little or no light and without nurses. I know the adverse conditions under which he labors, for occasionally I go with him to some severely injured man back in those woods. The cases he has given you and the results he has detailed are simply wonderful, when you take into consideration the sanitary conditions surrounding the patients; and the good results could not be brought about by anything less than the method he has employed. I am very glad that Dr. Burns has brought out so practical a paper, for it is worth more to a society like ours than a merely theoretical or a speculative paper.

Dr. P. A. Stackpole, of Dover.—I will only just say that I fully agree with all that Dr. Burns has said in his paper—with every word. There is a great deal, I believe, in antiseptics. I believe in them fully, but will say this: I had a case of a severe cut to a wood-chopper. I did not use any antiseptics, because I had none with me; but I dressed the wound carefully and used the utmost care as to cleanliness. After going the second time I did not use anything at all but water. I found that it healed admirably, for anything that I could see, and I could not have improved it had I used antiseptics. Now here is a case such as that which Prof. Smith has told us about. The man was of robust constitution, sound in health, and everything was well with him. Take such a man as that, and if it is an incised wound, without antiseptics and with proper cleanliness we shall have no trouble in healing it. If I had antiseptics, I would use them. I do not say anything against using them; but sometimes we are situated where we do not have them or have forgotten to take them with us: then I say that we can get

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along without them with success, by keeping the wound clean and using proper dressing.

DR. HILL, of Dover.—Allow me to say that I have known cases where carbolic acid has been used upon sores, and it has killed granulation, and therefore it must be used very carefully.

DR. M. C. LATHROP, of Dover.—Certain leading surgeons take grounds directly opposed to each other. I listened to Prof. Lister in Kings College Hospital. He was dressing under the spray, and I was very much impressed by his enthusiastic statements. I went from there to another hospital, and was astonished to see Prof. Bryant dressing wounds without any antiseptic precautions whatever. The wounds were free from surgical disease, and it seemed strange, after hearing Lister, to see patients recovering finely, after severe operations, without the use of antiseptics. There is some underlying fact to explain this, and I am led to think that the air is not everywhere full of the enemies of man, and that where they are absent the patient stands a good chance of recovery without the use of chemical substances; but the great trouble lies in the fact that we cannot see them, and we cannot know whether they are present or not. So I should say that it is better to use them one hundred times when not needed, than to fail to use them once when they are needed. If they are there, they should be killed: if they are upon the surface, they should be killed, and with something besides water: if on the knives where we know that they are present then germicides should be used.

PROF. SMITH.—I think the aseptical ideas do harm in this way: If we are going to treat a wound aseptically, we have got to see that all the avenues for the admission of germs are closed. If we close nine and leave one, the germs get into that one, and while we feel safe the germs are in there doing their work. In order to do this thoroughly, a man must exercise great care and thought. A man may be careless about his ligatures, or they may be all right, and everything else but his knives, and they may not be properly cared for. So there is great need of care and constant attention to the matter.

DR. D. S. ADAMS, of Manchester.—There is one point in the paper that interests me considerably, and that is the suggestions in the choice of ligatures. It may be eight or nine

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years ago that I used almost altogether the gut ligature. I used it because it was recommended in nearly all of our works and journals at that time. But I must say that I was very much disappointed in its use in several ways. The first thing that disappointed me was the knots untying. It was prepared before I got it, and I tied it in three or four knots, but they would be apt to untie. So I began to use the silk ligature, and I have found in my practice nothing better to prevent suppuration than the silk ligature. I have become convinced, from observation and from reading, that it is better to drop back into a closed cavity.

As you all know, sometimes under the most favorable circumstances we will get suppuration, but I believe that a well cleansed silk ligature is the best and safest ligature known to the medical profession at the present day. I believe in New York they put them into a stronger solution than we do, and almost invariably they cleanse their ligatures in a bichloride solution, letting them stay in there sometimes twenty-four hours, and in that way they kill all possible chance of their being spored.

I was very much impressed a few years ago, when a doctor who was a strenuous advocate of the Lister theory said that Prof. Lister tried to shut out all spores but did not always succeed, because he was not always sure that he had got all the avenues closed; but, he says, we kill the spores as fast as they get in, and we are sure that we do it because we use a solution strong enough.

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THE DISPOSAL OF GARBAGE.

BY G. P. CONN, M. D., CONCORD.

The disposal of garbage and other waste products of civilization, as found upon the farm or in small towns and villages, is not a question of special importance, for, with a sufficient area of land on which to place the compost heap, the whole matter resolves itself into a question of personal energy, as every family has space whereon the effete products can be placed. Being properly mixed with other matter, it will neither be offensive to the sight or smell, nor a nuisance to the resident or his neighbors.

But when villages prosper and become more populous, and land becomes too valuable for agricultural purposes, and the area allotted to each family is too small to allow of much more than a diminutive back yard, than the problem of what shall be done with the waste from the household is found to be of importance second to none other, since on its solution depends so much of the health and happiness of the family.

As "Eternal vigilance is the price of liberty," so everlasting cleanliness must be secured in order to maintain "life, health, and the pursuit of happiness." It is true, people live in places unkempt, untidy, unwholesome, and positively unhealthy—yet at what a sacrifice! They labor under an incubus of depression that would be unknown in an atmosphere of cleanliness, such as Nature designed for that noble work of God, mankind; and a people living under such circumstances of depression will be found to lack that true nobility of character, energy, which will be developed with pure air, pure water, and an uncontaminated soil.

Fortunately, in New Hampshire we have but few towns or

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cities so populous or so crowded as to demand the attention to these physical conditions that may be found necessary in places reckoning their population by hundreds of thousands; but we have another class of habitations to which our attention must, sooner or later, be called, and which are liable to become sources of trouble, inasmuch as they may be the initial points for the development of infectious or contagious diseases. I refer especially to the summer hotel, the boarding-house, the seaside resort, the famous mountain retreat, the invalid's hope, the hay-fever subject's heaven-on-earth; the place where fashion finds its butterfly companion, the clergyman a place fit for the saints to rest, the banker a quiet nook in valley, where, with fly and rod, 10 per cent. investments, a corner in wheat, and gobbling up railroads are for the time forgotten.

Such places abound in New Hampshire, and to-day they constitute no small portion of New Hampshire's wealth. The annual inventory of the taxable property at our summer resorts only partially represents the importance and value of the investment, since, indirectly, so much of the prosperity of the state is due to this industry as to be beyond computation. The railways all over New England reap a rich harvest in the increase of receipts for passenger and freight traffic; the merchant, the mechanic, and the farmer, either directly or indirectly, are benefited by the increase of business. The amount of money left in the state by summer tourists and invalids can only be expressed in millions, and is constantly increasing.

Now the crowded hotel, the boarding-house, and the camp-ground represent, on a small scale and in a degree, the crowded city, the tenement house of eight to twelve stories, and the miserable rookery teeming with ignorant foreign population in some side alley.

It is to these summer resorts in New Hampshire that I desire to call the attention of the profession—how to dispose of the garbage and other waste products of the hotel, the boarding-house, the café, as well as of the transient abode of the family who take their vacation in a small but comfortable summer house beside the lake, the river, or other resort, where rest, pleasure, and religious teachings can be made component parts of healthful recreation.

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We have, in The Weirs, Alton Bay, and Epping, settlements that have fairly outgrown the expectations of the projectors, who originally thought only of a place where several hundred people could assemble for a week, carrying with them a considerable portion of the necessaries for a temporary abode. Therefore little or no thought was taken of what to do with drainage, garbage, or waste products, as the time of sojourning was so short that our wonderful climate was expected in some way—they could not tell exactly how—to take care of what was left at the close of the camp-meeting season. Now, instead of a week, these places are crowded for nearly three months, and accommodations originally intended for a few hundred have been extended until thousands are sheltered and fed. At all these places, railways, boats, or teams may land several thousand people on the grounds in a single day, and at none of them has there been made any adequate provision for the disposal of the waste and garbage incident to such crowds. I think every surgeon who was in the army will bear testimony to the fact that during the first two years of the war the massing of raw recruits on limited areas of ground developed more disease of an infectious nature than all other causes combined.

These men, fully believing they had left home and its comforts for the sole purpose of defending their country's honor at the point of the bayonet, had no care about the hygiene of the camp, for they regarded the camp as a temporary abode only. Therefore when the order came to remain week after week in one place, as became necessary during the winter months, the resulting sickness was so serious that the whole country was startled. There is scarcely a church-yard in the North that does not contain one or more tombstones bearing the date of that first winter's campaign of masterly inactivity, with thousands upon thousands of men massed together in front of Washington. It was the common observation of medical officers that the country regiments suffered far more by reason of overcrowding, than the recruits from large cities. That was only a reasonable deduction, that might have been anticipated, as enlistments from cities were made up largely from a class who were in the habit of congregating together; while the country lad soon felt not only that he had left the joys and comforts of

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home behind him, but that there was in the atmosphere of the camp some element in excess, or some element missing, that was abundant along the hillsides of New England.

So, too, the crowding of summer hotels and camp-grounds, unless properly guarded and protected against unsanitary conditions, cannot but become sources of unhealthfulness, probably of infectious disease, and many of us can recall one or more cases of sickness, perhaps of death, that had their origin at some of these resorts. What shall be done? and have the profession any responsibilities in the matter? I know it is a common remark about us, that we flourish on the woes of other people. However, it is unnecessary for us to proclaim the falsity of the proposition, or spend our time in an argument to defend the honor of our profession. The life of the true physician is a sufficient answer to such innuendoes. His work among the sick and afflicted, with his hours of rest abridged,—his mind engaged in wielding an unequal fight with the grim Destroyer until the tension of the nervous system becomes so severe that reason seems almost ready to leave her throne,—results in a consciousness of having done a duty, that words fail to express.

While we have a mission to heal the sick, to bind up their wounds, to minister unto those in mental and physical distress, yet our work is but half done unless we recognize the broad general principle that prevention is of infinite importance compared with the work we are able to perform when our friends are prostrate with disease, which, with ordinary human foresight, should never have been allowed to develop. Mere mercenary considerations would lead us still further, for our own prosperity is only commensurate with that of others, and if others suffer losses from ill-health, or because of the unsanitary condition of their hotel or boarding-house, in a pecuniary sense, then, indirectly, we do the same in the fact that there is less ability on the part of the public to recompense us for our services.

The truth is that all classes are mutually dependent upon each other. The fact that the summer visitor has become more critical of his surroundings, for which he pays a good price, only renders it more important for the interest and prosperity of the state that the sanitary condition of their favorite resorts

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shall be kept in such attractive manner and under such sanitary restraint as shall be pleasing to the senses, and predisposing to health.

When these public resorts are alongside lake or river, more or less of the garbage finds its way into the water, and it seems to be the ambition of the managers of such places, as well as of large cities, to rid themselves of all their waste matter by depositing it in water. While sanitary experts recognize the necessity of doing this as a temporary expedient, every one must realize that it is not only a wasteful manner of disposing of these products, but also that it is dangerous, as new factors may at any time spring up, and what should be pure water become seriously polluted. Then, again, a great amount of waste from table and kitchen cannot be made to pass through drains, and such matter must be taken care of in some other manner.

Without pursuing the subject further, it is apparent that this problem is growing, year after year, in New Hampshire, and as all of us have under our care families who spend days, weeks, or months at such resorts, we should warn them of the care necessary to protect their health. Merchants' and bankers' clerks, and students, are perhaps more frequently the victims of unhealthful locations, for the reason that the time allowed for a vacation, as well as their purses, is limited, and they are anxious to visit points where the most is to be had for a given amount and in a given time. They find accommodations limited, but having friends in the vicinity, they take such conveniences as the place affords, and are placed in small, unventilated rooms, which the more affluent would refuse; and I have frequently known of basement rooms being used for this purpose.

Too often the love of gain blunts all the finer sensibilities of man, and nowhere do we find this more strongly exemplified than in the minds of landlords who care but little what may happen to the guest so long as he does not become ill on the premises, and thereby frighten other people away. Such men will insist upon your sending away any one whom you might suspect was going to have typhoid fever or diphtheria, for they realize that a single case of contagious disease will

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clear the house of guests almost as quickly as an alarm of fire. Yet they will take risks in allowing garbage and waste matter to accumulate about their back-yards and alleys, thus becoming a constant menace to good health. Some of these people do not know any better. Their fathers and their grandparents for several generations resided on these premises, and what was good enough for them would do a while longer in the same family.

I would be glad if I were able to bring before you some definite plan that would be inexpensive, but entirely satisfactory, in its manner of dealing with the disposal of garbage and other waste matter; but while experts are examining into the merits of various methods, no one has yet solved the problem. Therefore we must, for the time being, go on as we have done. Water carriage, where feasible, will be continued until the pollution of running water, and the water-supply of towns and cities, is prohibited, and at our hotels, boarding-houses, and camp-grounds every one must exercise all the care and watchfulness that is possible, and that sound sense which is the foundation of wisdom dictates, until some other form is brought forth.

To the profession is granted the high privilege of being the teacher and adviser; and our power for good or evil is very extensive, for, while warning a family to be ever watchful of the sanitary surroundings of the house and vicinity where they propose to take a vacation, you may be awakening a mind not only to the importance of sanitary cleanliness, but it may prove to be the one which will develop the means for solving this problem.

I am hopeful that within a reasonable period some method will be devised that will do away with the present wasteful and unnatural manner of disposing of effete matter. The command that nothing shall be lost is most woefully disobeyed when so much is thrown into lake and river as is done in almost every large town and city. In order to retain New Hampshire among the states in which agricultural pursuits are considered an inducement to cultivate the soil, we must ere long be able to render these waste products effective factors in replenishing the elements necessary to the rotation of crops which should be always indigenous to the state.

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In matters like this, whenever the public seriously demand reform, the work is in some way accomplished. When the people of a town or city are a unit on any question, there is no trouble in bringing about the necessary means to complete the work. So it will be in the future disposal of garbage, and it behooves the profession to be leaders in public opinion rather than to follow in the wake of others. As is the domain of surgery we have demonstrated that cleanliness and antiseptics are so necessary that to omit them would be a subject for comment among the laity, so, too, the hygiene of public and private places will soon take a place in the mind of every thinking person, and until something definite has been fixed upon, some form for the destruction of garbage has been devised that is certain of success, we should encourage the public in making the best use of our present means, and to hope for something better within a reasonable period.

DISCUSSION

Opened by DR. J. W. PARSONS, of Portsmouth.

Mr. President: When I was asked if I would open the discussion upon this subject, I set myself to work, and had something, or thought I had something, to offer; but to say it now would be simply to repeat what the doctor has read to us, so that I can only confirm what he has said.

The subject is one which deserves agitation, and one which the people of the state should be acquainted with. There are a good many ways devised for the disposal of garbage, and it seems to me that water is the best; but I hope the time may come when something else may be discovered. The destruction of garbage by fire would be a most effectual means, but would be the destruction of material which is needed on land; and if some way could be devised of returning it to the land, it would be far better.

It seems to me that this is a matter which the legislature of the state must take up, sooner or later. It should be put into the hands of the board of health, and they should visit every hotel, every camp-ground, and every city,—every place where there is a congregation of people,—and be given supervisory

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powers. If it is left to the hotel keepers and to the superintendents of grounds, the matter will not be attended to, for the reason that people are not educated up to it. If we could get a bill through the legislature empowering the board of health to proceed in this matter, it would bring it to a head quicker than in any other way.

I have talked with hotel-keepers, and find that they are somewhat indifferent on the subject, and they also are at a loss to know what to do with the garbage. That is the great question, and it is the question to be solved. I think that water-carriers are the best at the present time, and the next best thing is fire. This is a very important question, and one which will present itself to the public very forcibly. But I say that it is due to our profession that we should take some measures to bring it before the legislature.

I wish I could suggest some method of disposing of our garbage. I have looked the matter up a little, and find that all engineers and sanitarians are in the same fix as myself. There seems to be no way of disposing of it satisfactorily, all things considered.

As I have said before, I do not know as I can discuss the paper very much, because the doctor has covered the ground, and I only say these few words to agitate it a little more.

Dr. Wm. Child, of New Hampton.—*Mr. President:* I do not know as I am any better prepared than Dr. Parsons to find any way out of this trouble; but I fully agree with him in regard to the necessities of the case.

It seems to me that in the early arrangement of our watering-places there was no system at all, and if you were to examine a great many of those places, you would find the houses thrown together just as though some one had placed two or three hundred boxes in a larger box, and shaken them up, and thrown them out on the ground.

Within the last two or three years I have seen something in connection with this matter, that, if I had never seen or heard anything of the kind before, would convince me of the importance of this subject. At one of our watering-places, a young man (or, rather, two young men), living at the very top of a certain hill, in a little cottage, fell ill with typhoid fever, bringing it from a

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house, I think, a little out of that region. The slops thrown out of the back door went along thirty or forty feet into a well, which supplied water to a boarding-house where they had every day at meals forty or fifty persons, and the rooms were filled with regular boarders. Suddenly three cases of typhoid fever broke out in that house, and, happening to be acquainted with the family, I was called in consultation. For my own satisfaction I walked around there, and found out these facts—facts that it seemed to me would prevent any sane man having knowledge of them from taking himself and his family there for a single day even, because I believe that these cases were produced in only one or two days' time. I then wrote a very urgent letter to the board of health, telling them of the typhoid germs that were rampaging about there, and they went up. This state of affairs exists in many places, more than we are aware of.

Up at the Twin Mountain House, years ago, I remember that a disease broke out among the swine, and it was nothing in the world that caused it but the garbage that they had been fed upon, when it was in a condition unfit for food.

It seems to me if we are to throw it into the streams, as I understand Dr. Parsons to advocate, we shall soon have trouble from that souree.

I will relate a little circumstance that came to my attention a few months ago. At my house I have some sixty or eighty hens to help me get a living. A friend of mine was in the city of Boston, and he learned that a man had built a furnace just outside the city, and made it his business to go around and gather up every piece of pie, scrap of biscuit, crust of bread, etc., and put it into this furnace and thoroughly dry it. I do not know the exact process, but we can readily imagine it. After being thoroughly dried it is placed in flour barrels, each barrel weighing about fifty pounds. I get this for my hens. I can get it from Boston in one day, and it is a perfectly healthy food, so far as I can see. I believe that that will be one way of disposing of this garbage. It will be dried and brought back into the country,—at least all products of flour and meal,—and this makes a healthy and nutritious food for our animals.

Dr. L. G. Hill, of Dover.—I know of many persons who

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have their waste carted off into the country; so there are some people, who make it their business to cart waste off, who dump it wherever they have an opportunity. I also know some people are in the habit of throwing everything into their drains, and then these drains are sometimes opened for repairs, and most serious diseases result.

If we in Dover were to put our waste matter into the river there, the tide would carry some of it off to sea, and some of the waste would wash up on the banks and cause great difficulty; so it would hardly be safe to do that to any great extent. There is some question as to what we shall do, as we dare not put it into the river. We may be obliged to have it carted far away.

This is a very important question, and any one who has any suggestions to make in regard to it should give us the benefit of them.

Dr. Parsons.—I wish to supplement my remarks, and say that I did not intend to say that the garbage, properly speaking, should be carried off by water. The fluids may be disposed of in that way, but the solid material should be disposed of in another way. It is easy for people to turn their slops into drains and have it carried off by water, and they will do nothing else to any great extent if it puts them to more trouble.

Dr. G. P. Conn (closing the discussion).—*Mr. President:* Referring to Dr. Child's notice from the Weirs, I would say that the board of health attended to it at once, and they found a large microbe sitting there with a letter of introduction from the doctor.

As to the disposal of garbage, I have only a word to add in addition to what the paper contains. The city of Manchester has for some time been trying to find means for the disposal of garbage. Their board of health have been working upon the subject, and they finally came to the state board of health. Our advice to them was this: That while the city of Manchester, by reason of its size, might be more in need of something of that kind, yet it was only a question of time when all the cities of the state would be in the same condition; that the city government of Manchester should communicate with the different city governments in the state; and that a committee be

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appointed from all city boards of health, as well as of the city council, to confer together, and to take into consideration all the new means for the destruction or disposal of garbage.

There are quite a number of devices for that purposes, and a good many of them would seem to be a success. The expense of the fuel is an objection to many of them. In some places, such as the South and South-west, where coal is cheap or natural gas is used, that question is not so important a feature, but in places where coal is of more account, there is always more or less economical objections, and when we talk about it we are always confronted with the expense.

In New York, on Governor's Island, there are furnaces in connection with the quartering of the United States troops there which are self-supporting; but these only have to do with the garbage from the tables, and have nothing to do with other garbage which it is very desirable to get rid of.

Of the matter that Dr. Child spoke of, that is, the food being dried and returned to the country, I have not before heard. It seems to me that immense heat would be required to do the work, because it must be dried quickly in order to be of any account, and in a money point of view that would be an objection to it. Then, too, it must be subjected to that heat which would destroy all living germs in it. It also seems to me, that, if kept for any length of time, new germs would form.

I have this to say in closing, that I hope the board of health in Manchester will give us some form which will be practicable, not only for cities, but in places like camp-grounds and hotels, for, from the remarks of Dr. Hill and Dr. Parsons, it is evident that Dover and Portsmouth must very soon have an interest in this question almost as great as Manchester.

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ESSAY ON PHYSICAL CULTURE.

BY A. P. CHESLEY, M. D., CONCORD.

MR. PRESIDENT AND FELLOWS:

Many elements enter into the development of a good physical being, but I shall only call attention to the importance of proper exercise. Before such an audience as this I shall not present anything new, but I am well aware that primary and fundamental as the subject is, the medical profession are too prone to neglect it, and are interested in more speculative branches.

Man has implanted in him the germ of his own development; he is endowed with faculties both physical and mental. In order that these may be fully developed, it is necessary that they be subjected to constant and well directed exercise. As the seed, surrounded by favorable external circumstances, germinates, grows, buds, blossoms, and produces fruit, so man's development is produced by certain influences, one of the most important of which is physical culture.

This is necessary not only for the well-being of the nation, but also as the chief source of happiness of the human race. Nations that have recognized the duty of looking after the physical welfare of the people have always been the foremost of the world, and as long as they have kept this in view have made rapid advancement.

Greece and Rome never began to decline until after they commenced to till the soil by means of slaves and hirelings. When the bonds that held these people to physical exercise began to fail, then came the downfall.

Cicero recognized the full power of exercise when he argued for the distribution of the men who had been weakened by the influence of city life among the country towns of Italy. The

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Greeks believed in the equal development of the mental and physical; and by following out a life based upon natural law, with industry and intelligence, no one need fail of securing the highest mental and physical development of which nature has made him capable. It has long been one of the greatest studies of mankind to know the natural laws which have been established for the life of animals and vegetables. So far as the search has been successful and the knowledge obtained faithfully followed out, a broader life has been developed in this field of culture.

Human life is subject to the same conditions as that of the animals and vegetables. A knowledge of these laws of nature, and a strict compliance with them, yield the same results in man as in all animals and plants. It is from lack of attention to this law of their being that human vitality is so often incompletely developed and imperfectly sustained, which has resulted in centuries of suffering and the sacrifice of multitudes of human beings.

Exercise is important for every one and at every stage of life. Americans usually do not consider it so. Very many annually fall victims to the neglect of it; and in many cases when death is not the result of it, certain it is that pleasurable life is shortened. Particularly is this manifest when applied to the tender years of childhood and youth. If such be the fact with healthy human nature, how much must be the effect upon children unhappily born with constitutions tainted with hereditary disease.

Such need an extra amount of exercise in order to be able to resist their evil tendencies; yet it is too common to see parents allowing the feeble child to keep constantly at his books, on the ground that his feeble health does not allow him to exercise. Such children should be compelled to take exercise in the open air, and the mind be wholly subservient to the body's welfare. In this way we shall not lower the mind, but develop, if possible, a sound mind in a healthy body.

Much good has been done by the general introduction of physical culture into our schools, but there is a great tendency to irregularity in the practice of these exercises, and they often fall into disuse because the time necessary for them is consid-

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ered as so much taken from the time of study. The fact is, that this exercise promotes instead of hinders study, for it relieves tension, draws off nervous irritability, deepens respiration, and returns the children to their books renewed in mind as well as in body, and capable of application which was impossible before. If this exercise were done regularly, intelligently, and with spirit, there would be a distinct improvement in the physique of the pupils in every grade of our schools, and in a few years we should have progressive physical improvement from primary school to college, instead of the physical deterioration which is now too often seen by the time the higher grades are reached. The influence of all educational institutions where physical culture is ignored is to depreciate and discourage it, and the result is disastrous to health in proportion as the students acquire the tone of the place, for from these institutions come the teachers of our various schools.

At Amherst college physical culture is recognized as a part of the course of study. From the report of a committee, of which Prof. Agassiz was chairman, upon this part of the college requirements, we find the following: "The influence of their military training was so manifest, not only upon their general physical health and development, but also in indispensable attributes which help to make up a true gentleman, that we do not believe too much importance can be laid upon this branch of their education, both as exerting a healthful influence upon the students themselves, and as a safeguard for the protection of our country in the future."

This drill, wherever found, has a tendency to develop a manly bearing, promote health, and confer confidence and promptness of action. The sluggish will not be left to neglect their health, but will be trained to enjoy exercise. If our teachers would not only believe in, but practice and enjoy, physical excercises in-doors and out, we should not have a report such as Dr. Hutchinson, delegate to this Society from Rhode Island three years ago, gave, who said that "the strain upon our public school children and upon the teachers is such that for the last year, in the city of Providence—and I am sure it may be taken as an illustration of the school system of the other larger cities of New England—it is so great as to throw upon their backs,

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prostrate with nervous exhaustion, over ten per cent. of the school teachers. These were adults, grown women who had been perfectly developed, and who succumbed simply to unusual and long continued strain." Children, of course, need more exercise than adults; and especially at those periods when the forces of the organism are engaged in producing rapid growth and development of the physique, the requirements in the way of mental effort should be reduced.

In early age, when, having finished the school education, the youth enters on life, he is apt to continue year after year in unremitting toil upon whatever he may have undertaken. He cannot find time to attend to proper exercise. Bad as this is for the perfectly healthy youth—and not a few clerks and students without any hereditary taint succumb under it—it will be much more dangerous for one born of consumptive parents.

In the cities especially do we see many cases of physical degeneration, because here the tendency of life depends upon the fact that physical vigor plays a less decisive part than in the country, owing to the greater number of sedentary occupations, which neither demand nor favor a full development of the physique. This is a sore and increasing evil, for the population of our cities increases faster than that of the country.

A hundred years ago only three and a half per cent. of the people dwelt in cities; at the present time our cities have over twenty-three per cent. of the population.

Very few of our American men and women arrive at middle age in sound physical health; they have taken no time for recreation, and the continual strain has broken many of the strongest constitutions, and left but a bundle of shattered nerves. The offspring of these inherit constitutions robbed of much of their vital force before they are born.

As a rule, it may be stated that every one ought to have his work for a certain period each day, and annually for a few weeks leave his care and toil, and in the woods, or at the seashore, where there will be a perpetual change of air with each breath that is drawn, get gracious refreshment for the mind and body. If this rule apply to all, it applies with two-fold force to those born with consumptive tendencies, certainly until firm health has been established into a completed adult life.

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Every parent or employer, who sees a child or clerk growing thinner and weaker under hard work, not merely consents to his having a life of impaired health, but often contributes to his death. The ancient Spartan had a law requiring the careful inspection of all new-born children: of these the weak and deformed were killed, and the strong only allowed to live. In time the race became powerful. We cannot imitate this law of Sparta, but we can develop the weak and deformed children, and, by careful watching and nursing, educate them over to that which is physical and hardy.

Physicians, both in the family and in the community, have great opportunities, which are sadly ignored by too many; for no one doubts that they have great influence in the training of those physically weak, working as they do for a series of years in a limited circle, with a definite purpose in view, coming in personal contact with home influences and with opportunities for impressing their own personalities.

Let every medical man feel that he is one of a vast profession with common responsibilities in that physical training of the young which shall make each successive generation stronger as well as wiser.

DISCUSSION

Opened by Dr. George Cook, of Concord.

Mr. President and Fellows: I have but a word to say. I can hardly agree with everything that Dr. Chesley has said with reference to physical culture.

He presents his paper to you, discussing nothing but physical exercise. I do not think that this is the only feature in the case, but believe that physical culture may be promoted not only by exercise, but with the aid of the proper amount and kind of nourishment. The subject of proper diet in the development of the human organism is one that interests me much, but I will not discuss that at this time to any great extent.

The weak scholar, of course, can be very much aided by intelligent exercise, that is, the proper amount and at the proper times. The old experiment of feeding two dogs, and putting one down quietly in a room and sending the other on a chase for two hours or so, after which the stomachs of both are examined, and the process of digestion in the first animal found

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to have been well advanced, while that in the stomach of the second is found to have barely begun, illustrates what I mean by intelligent exercise taken at the proper times. The great physical exertion that college students are wont to undergo in their athletic sports is liable, it seems to me, to injure rather than to develop the physical man. Such exercise, I think, tends to shorten life. Professional base-ballists and professional athletes of all kinds are, as a rule, short-lived, because of the violent exercise they are compelled to take.

During my college life the boys who were interested in base-ball and other games of like nature would, after eating their dinners, immediately engage in those sports, playing from half-past twelve or one until two o'clock. Of course, if we could have examined their stomachs, we should have found that digestion had not been carried on to any appreciable extent. If one, after eating, enters upon that kind of exercise, it cannot but injure him, however strong he may naturally be. And so I say that proper time, as well as proper exercise and proper nourishment, is an important element in the consideration of physical culture.

At the present time, in many of our schools, the military drill is in vogue, and military exercise properly carried out is never exhaustive or injurious; and this military drill in our schools comes at that time when the physical nature of the boy is most easily moulded. In exercise it is important that the correct position should be taken, and that is the position of the soldier. You can tell the person who has had the benefit of a military drill by his walk. He stands erect, with his shoulders well thrown back, and his limbs seem to be for use rather than for ornament.

The military schools supported by the government only take those that are best fitted physically for the soldier; but the military drill which we have here in the schools of our cities and towns, where they give it as an exercise, is a valuable means of physical culture that comes within the reach of all our children. The ordinary young man has a liking for the drill. It may at first be irksome, but after a time he becomes accustomed to it, sees the necessity for it, and then it is not a matter of compulsion, as boys naturally take to it.

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Now, when we get along to adult life a great many of us find that we are broken down by overstudy and overwork. But if we have inherited a naturally strong constitution, and have had the proper physical exercise and proper diet, we shall not break down from these causes. Of course, in order to have this physical culture, one must take the time that he might otherwise spend in study. If we take it out of the leisure hour or so that we may have after eating, it will probably do us more harm than good. The first point then is, to determine when we shall work and when we shall play. People do not break down from overstudy, but from lack of proper exercise and nourishment. Everybody in adult life needs proper exercise, and I suppose the best proper exercise for an adult person is walking. One should walk keeping his mouth closed, breathing through his nostrils, and swinging his hands naturally by his side. The old military instructions were, that the little finger of the left hand should be held by the seam of the trousers; but within the last few years orders have come from the war department changing that rule so that the left hand should swing naturally by the side, the right, of course, holding the gun. That is, the war department now take the sensible view, that in order to walk freely and take advantage of the exercise, the left hand should fall by the side and move naturally with the motions of the body.

I remember that, at the time of my graduation, I was advised by one of my professors to go into the country and get a horse and ride horseback. The professor held that walking was the best exercise, "but," he says, "I think you will not walk enough, and I advise you to get a horse." In walking, one does not walk enough to get any benefit from it. When persons walk they should stand erect, and the military rule is to take one hundred and twenty steps in a minute, swinging the hands and breathing through the nostrils. One, without trying it, can have no idea what a benefit such an exercise may prove to be.

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PNEUMONIA; ITS MORTALITY AND THERAPEUTICS.

BY W. B. PORTER, M. D., WALPOLE.

Pneumonia is one of the diseases in our climate which demands of us at the present time a critical and a candid examination, for it must be conceded that it is one of the most formidable in degree of mortality with which we have to contend. We can scarcely take up a daily paper in which we do not find recorded case after case of death from this terrible scourge. It throws its mournful shadow over almost every home-circle in the community.

If we refer to the careful and interesting report of the secretary of our state board of health, Dr. I. A. Watson, we learn that pneumonia is classed the third in degree of mortality in the report. In his diagrams, covering a period of three consecutive years, 1885, 1886, and 1887, there were 2,432 deaths from consumption, 1,536 from heart disease, 1,526 from pneumonia, more than all added together from typhoid fever, cholera infantum, and diphtheria, the number of deaths from these being 1,514.

There has been of late a spirited controversy in the medical journals in regard to its increased mortality during the few last decades. Dr. Henry Hartshorne gives a tabulated report of the deaths occurring in the Pennsylvania hospital from this disease. He reports that the death-rate increased from 6¼ per cent., in the years 1845, 1846, and 1847, to 18½ per cent.; in the years 1884, 1885, and 1886, to more than 31 per cent.; and that the rate of mortality of pneumonia in the large general hospitals in this country is rarely below, and often above, 25 per cent.

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Mr. Joseph Vandervoort, in his statistics of the New York hospital, corresponds with Dr. Hartshorne. The death-rate in the hospital, extending from 1820 until 1887, gives the lowest mortality occurring between the years 1820 and 1830. The degree of mortality has been rising during every decade, and during the last ten years it reached its acme, considerably over double its earlier percentage.

It is true that hospital statistics cannot always be relied upon to exemplify the results of treatment, or a reliable death-rate, with private practice. Many cases are brought into the hospitals in a moribund condition and are beyond all medical treatment, and are coroners' cases rather than patients.

The population in our large cities has greatly increased in the later decades, which of course must furnish more material for developing the disease. But how is it in our own state? Dr. Watson has recorded in his report 556 deaths from pneumonia in 1887, being 90 more than was reported in 1886. In our state the increase of population can have but little to do with the increase of mortality. The census during the last decade has not materially changed: while our cities and manufacturing towns may have increased in their population, in the rural towns and districts the numbers have decreased in about the same ratio.

I have just received a report of the mortality of the city of Boston for several years, and in this report pneumonia stands second upon the roll of mortality, and almost equal in magnitude to phthisis, which heads the mortal record all over the world. With these important facts before us, is it not imperative that we take note of them?

The extreme anxiety of the physician, the intense solicitude of friends in regard to the result of the disease, are modern concomitants of the malady. In the past, while the disease was considered a grave one, it was not regarded with such appalling uncertainty. Then, again, while medical science has made unparalleled advancement in pathology and therapeutics, and has closed the doors against most of the zymotic diseases, it has failed in the treatment of pneumonia to lessen its rate of mortality, however unpleasant this retrospect may be to our profession.

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I am aware that able and scientific writers take the opposite ground, that the mortality has lessened in the past few years, and attribute the success to the radical change in the modern therapeutics, embracing its host of antipyretics, which has put into the shade venesection and drastic purgation.

The majority of deaths occur in the second stage, especially when not complicated with a dynamic type of fever, and my prognosis is governed by the indications of the thermometer after the first week. If there is a rise in temperature in the evening after that time, from 103° to 105°, I regard the case as hopeless—not one in twenty of such cases will recover; but if the temperature gradually declines after the time mentioned, and remains so, I feel encouraged, no matter how grave other symptoms may be. The pulse rate and the degree of temperature are not always in harmony; the pulse may deceive, nervous excitement will quicken the pulse and nervous depression will lower it, but the thermometer will tell a reliable story: outside influence rarely affects the degree of bodily heat.

Time reminds me to extend my paper no further upon this part of the subject, and I will direct your attention to its therapeutics.

There is no class of diseases which I am called to treat, except malignant diphtheria and scarlatina, where I have so little confidence in our therapeutics as in idiopathic pneumonia. That we may best meet the indications required, we must keep constantly in mind several points which underlie the idiopathic type of the disease.

Pneumonia is a phlegmasia in its nosological classification, having the usual elements of fever, local hyperaemia, and local exudation, with three distinct stages: First—That of congestion and the beginning of exudation; Second—That of exudation and red hepatization; Third—Gray hepatization, softening, and purulent infiltrations, which sometimes, but very rarely, ends in recovery, but terminates in death from exhaustion, gangrene, or in abscess.

Our first indication is to check the engorgement and fibrous exudation by reducing the blood pressure in the lung tissue, controlling the heart-beat either by lessening contractility and tenacity of its vascular walls, or by diminishing the volume of

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blood in the general system. From this theory came the past heroic treatment, venesection and drastic physic. But time changes all things: he has waved his royal wand over our profession, and a new order of things has appeared. Since the introduction of the thermometer, the theory that now comes to the front is, that in all congested tissues the danger depends upon high temperature and the attendant destruction of functional activity, and the first step in the remedial course is the immediate and direct abstraction of heat. Hence the use of antipyretics, both direct and indirect, the former embracing antipyrine, antifibrine, veratrum viride, aconite, gelsemium, and others; the latter, by large doses of quinine, whiskey, and kindred stimulants.

Although differing in theory and remedies, the desideratum to be gained is the arresting of the congestion in the lung tissue, and the preventing of hepatization. In the adolescent stage we should first examine the physical signs of the chest. I believe there was never a case of idiopathic pneumonia without abnormal signs in a greater or less degree. Bronchial respiration, crepitation, absent vesicular murmur, dulness on percussion, are its pathognomonic signs. It is true, we may have crepitation without pneumonia, but not pneumonia without crepitation.

If I diagnose pneumonia, I then apply wet compresses of cold or hot water, according to the sthenic or asthenic condition of the system. Cold is one of the best agents to check the flow of blood into the cellular tissue, and also for the reduction of heat. The first remedy enumerated by the highest German, French, and our latest American authorities is the use of cold wet compresses over the chest, or by packing the whole body in cold packs. Niemeyer remarks that the result was very marked and satisfactory, changing the temperature two or three degrees in a few hours. In patients of an asthenic diathesis, I use hot water compresses saturated with turpentine (the old turpentine stupes), producing excellent results. In both classes of patients, if the tongue is coated, indicating some constitutional disturbance, I use mild aperients of some kind to act upon the hepatic and other secretory vessels. I often use a pill from Dr. Whitbeck's formula, as follows, with the very best result:

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℞	Podophyllin, ...	¼ gr.
	Aloin, ...	⅛ gr.
	Capsicum, ...	1/10 gr.
	Ext. nux. vom., ...	1/10 gr.
	Ext. belladon., ...	1/10 gr.
	Oleum tiglii, ...	1/20 gr.

I give a pill once in every three hours until the bowels move. But in my early practice I used the following compound, and it still serves me well:

℞	Hydrargyrum cum creta, . . .	5 grs.
	Rhei (Turkey), ...	5 grs.
	Ipecacuanha, ...	2 grs.
M	Opium, ...	1 gr.

I give this powder every four hours; then for a febrifuge I give a mixture after this formula:

℞	Sweet spirits of nitre, ...	℥ii
	Tinct. digitalis, ...	℥ss
M	Tinct. opium camph., ...	℥ss

given in dram doses every four hours intermedial.

In more than a majority of cases this course of treatment will succeed in lowering the temperature and pulse, producing a pleasant diaphoresis. If a periodicity occurs in the fever, I give a few grains of quinine at short intervals. Little more is required, for the patient very soon begins to convalesce, and in a few days is restored to health.

But, unfortunately for the patient and also for us, the end has not come. In our next visit, or if we have not been called until later in the case, we find the second stage developing, the physical signs all much worse, with increased engorgement, the dulness covering a greater area, the vesicular murmur destroyed, loud and full bronchial respiration, mucus rale, moist crepitation, high temperature, rapid, tremulous pulse, respiration forty per minute, with dyspnoea and marked bilious complications. We now have an enemy to fight which requires our best judgment and our strongest forces to meet. I

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resort to the old hero *calomel*. I was taught this in my early practice, and I have never forsaken him. I lay out four or five powders of submuriate, from ten to fifteen grains, with five to ten grains of Dover's or Tully's powder, and order the nurse to give one of them every four hours. I repeat them until I get the specific effect upon the liver and bowels, which is seen in the dejections. I have often been greatly surprised at the marked change that has occurred in the patient in twenty-four or thirty-six hours, it appearing as though the terrible invasion had been broken up, and as if stasis had taken place. Nature was kindly and freely at work expelling the morbid product in the expectoration of the bloody sputa.

I have never given calomel in the large doses recommended by Drs. McManus and Strong, in doses from forty to sixty grains. I never fail of getting the pathognomonic effects in the form I have used it, and I think the constitutional impression is more perfect to give it in repeated doses, and yet I have no fear to give the remedy in still larger doses. If the disease is caused by poisonous bacteria, what more potent antiparasitic can we use to destroy and eliminate the deadly germ?

In this stage I change the wet compresses for counter irritation,—for if infiltration has taken place, they will do no good,—using mustard, iodine, or blisters; then apply a warm poultice, of mush made of oil meal and slippery elm, over the irritated surface, and still use the febrifuge spoken of before in the first stage,—in some cases using aconite instead of digitalis, as it is a heart stimulant and a regulator of its contractile force. There may be cardiac conditions where it would not be safe to use it. I hope some member present will tell us *when* and *when not* to use it. But beside being a febrifuge, it is an excellent *diuretic*, and it behooves us to look after the kidneys, skin, and other depuratory organs, and not let them fall below their normal activity. Mucilaginous drinks, together with expectorants, are required to moisten tissues and empty the bronchial cells and tubes of their purulent deposit. If the patient is suffering from prostration from any cause, stimulants, tonics, and a proper amount of the best nourishment must be given the patient.

But there will often come under our care those terrible cases of interstitial pneumonia, in which we can only soften and

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resolve, as in any other cicatrized tissue. Then when we diagnose bronchial vomica, gangrene, and abscess, we can only help to empty the cavities, so their foul secretions will not occasion greater corrosions in the bronchial walls, or the parenchyma, by the inhalation of strong disinfectants in the form of vapor of steam, or by the spray through the atomizer, and, as the last resort, by opening through the chest walls with the aspirator, or by paracentesis, and inserting the drainage tube.

At the present time a new and full brigade of antipyretics is advocated by able and scientific practitioners, especially by the young men, the great object to be accomplished being to put out the fire in the body and to lessen the pulse beat—arrest congestion by reducing the temperature. Changing the thermal condition of the body simply is of minor account. The excess of heat does not destroy the patient; in fact, it is the result of the extra effort of the "*vis vitae*" to expel from the system the offending cause.

What say Drs. Satterthwait, Shattuck, Williams, Profs. Chew, Whittaker, Gray, and others? It can be summed up in these words: High temperature is not in itself a disease, and that it is not so *much* toward reducing the temperature as to the maintaining the heart's action and next to obviating renal complications; and that large doses of antipyretics not only weaken the heart's action, but have unfavorable action on the kidneys and even the *whole* "*emunctorium*" of the body, is fully proven by statistics in the practice of the most prominent men in our profession. I used the antipyretics spoken of when they were first introduced to our notice, but I soon discarded them in large doses on account of the fearful prostration they were liable to produce. I use them in small doses to quiet nervous excitement, but opium, for myself, is the king of sedatives: the lungs need repose, and must have it, and we have nothing surer and safer than this remedy.

I may be asked if I ignore the lancet in all cases of pneumonia. I am not an *extremest*, but I *do* ignore *isms* and *pathies*. The *whole* empire of medical science and therapeutic skill belongs to the profession, and in our selection of remedies we should not confine ourselves to *sects* or *theories*. In vigorous, full-blooded persons, with a temperature 105°, pulse

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120, lungs engorged, intense pain, with great dyspnoea, threatening suffocation, I would open a vein in the arm, or open the temporal artery; and should collateral oedema occur in portions of the lungs not congested, endangering life, I would bleed. Then if the pressure of blood caused brain symptoms, coma, and transient paralysis, I would use the lancet—and why? To prevent brain lesions and sudden death. The pulse is not always a sure test when to use and when not to use the lancet: a weak and tremulous pulse often will grow stronger and firmer while the blood is flowing.

The force and quickness of the pulse depend upon the ability of the heart to overcome the resistance opposed by the aorta. If the functional vigor of the heart be reduced by the surplus of heat and blood pressure in the aorta, the amount of blood propelled by the heart is diminished; the pulse will grow weak and tremulous. If we reduce the vascular tension, we lessen the resistance of the aorta, and enable the heart, although actually enfeebled in its muscular power, to propel an increased volume of blood. So, then, in those cases where a few hours' time may bring a fatal result to the patient, we would be derelict to our highest duty if we did not give our patient the chance of life by the use of the lancet. I would not make a plea for the use of the lancet, as used in the past by our grandsires. I do not practise blood-letting *ab initio*, but prefer it, in those cases where death stares grimly in our faces, to the new antipyretic method, of large doses of antipyrine, antifibrine, veratrum, viride, or, adopting the other extreme, by giving large doses of quinine and stimulants. The mediate line between the sthenic and asthenic course I believe is much the safest upon which to fight the battle against this enemy.

A careful study of the experience of those best qualified to judge will prove that the lancet is looked upon with more favor by the profession. Professors Chew, Williams, Maraglino, Gray, and Smith are reporting in its favor when used in a judicious manner, and that it was used so indiscriminately in asthenic cases, which made phlebotomy so hurtful and prejudicial. They *all* agree that it is much safer than veratrum, antipyrine, and their kindred type of remedies, for the former will eliminate from the circulation some of the morbid products

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and a portion of fibrine from the blood, which produces the hepatization and directly reduces the pulse and temperature, while the latter retains *all* that which is injurious in the system, and simply reduces the heart-beat and temperature by prostrating the vital powers to that wretched state that the patient can neither take nor retain nourishment; and to control the extreme prostration requires strong and persistent stimulation.

At the last annual meeting of the Illinois State Medical Society the treatment of pneumonia was ably and fully discussed by Drs. Krerder of Springfield, W. T. Thackeray of Chicago, A. J. Baxter of Astoria, all of them denouncing in strong terms the modern antipyretic treatment.

Dr. Thackeray says,—"There is no question but antipyrine reduces temperature rapidly, but the ill effects upon the stomach, and the depressing influence upon the nervous system, lead physicians to question its value as an antipyretic." He discarded it very early, and has not given a dose of it for three years. He had never known it to maintain an excessively low temperature, say of 96° or 97°. and he would look upon it as an exception if the reduction were maintained for any length of time.

Dr. Baxter, in giving antipyrine or antifibrine, is very cautious. He says,—"Very much depends upon the condition of the system as to the manner in which they should be used. In very nervous patients he is fearful the prostration induced may carry the patient beyond the point of a reaction."

Before I close my address, let me direct your attention to another point in the treatment, and although I notice it late in my paper, yet it is one of the most important factors. It is a full supply of *pure* air in *all stages* of the disease, and well ventilated apartments for the patient. So important is this considered that many writers bring it to the front of all medication. It is true that this may be sanitary and prophylactic, yet from this very fact it is the reason that it is so significant. Pneumonia ought to be classed with zymotic diseases, and put under the sanitary restrictions of the state. If its etiology depends upon bacteria, why may not bad ventilation, improper sewerage, or an accumulation of filth from any cause, generate the infectious germs as in other germ diseases? Our state

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appropriates money for the *protection* of farmers in the prevention of pneumonia in their herds of cattle. Are not human patients of as much importance as the cattle upon our hill-sides?

The good that has already been done by our state board of health cannot be computed in warding off the infectious epidemics in the different parts of the state. I think I voice the sentiment of every member present, that we do not have one case of typhoid fever, scarlatina, and diphtheria, at the present time, where we had three cases before our sanitary rules were adopted.

Pure air, perfect cleanliness for the patient, should always be considered as prime factors in our therapeutics, and it is more than an ordinary supply of these means that is required in these cases. It is a persistent, systematic attention to a constant change of air in the apartment of the sick by day and by night: let this attention be excessive every hour. Ventilate so as to admit full and free currents of air all around the patient, while persons not needed to care for the sick, gas-lights, and every possible source of vitiation of the atmosphere should be most carefully excluded. And now, right here I want to refer again to the element of *cold*. May not the inhalation of pure cold air, while it serves to perform the important function of oxygenating the blood, so highly essential in pneumonia, also serve to suppress the abnormal flow of blood into the lung tissue, lessen congestion, and prevent a further infiltration?

I was led to this reflection by reading a short paper in the *New York Record* a few months ago from the pen of J. Turner Everett, A. M., M. D., of Sandusky, Ohio, in which he reports a very successful result in the treatment of pneumonia by the inhalation of cold air. His method is as follows: While the patient is inhaling the cold air, the temperature of which should be 10° to 15° F., the room in which the patient lies should be kept at a temperature of 80° to 85°. The cold air is admitted through a flexible tube, passing through an aperture into a cold atmosphere in an adjoining room, or out of doors. The tube is adjusted to a mouthpiece that will fit the patient's mouth like an inhaling-cup. Dr. E. says that "the operation will cause the patient no trouble or unpleasant feeling, but reduces pulse and temperature in a short time, and relieves the

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symptoms of blood pressure; in fact, the congestion is suppressed."

The *modus operandi*, to my mind, is clearly scientific, natural, and, what is still better, physiological.

The efflux of blood is changed from the central organs to the periphera. The cold air, coming in direct contact with the tissues of the pulmonic parenchyma, abstracts heat from the blood by coming in such close contact with it over such an extensive area, being in the bronchioles, you know, separated from actual contact only by the thin cells of the pavement or tessellated epithelium, where each globule of blood and atom of serum is subjected to a direct refrigerating influence, which can be observed and controlled by the attendant with most exact and satisfactory results. The cold air, coming in contact with the lung tissues, contracts the blood-vessels, thus lessening the amount of blood admitted into the lung tissue, and by its constringing influence tends to drive out that which has been partially deposited, while oxygenation of that already admitted hastens resolution. But the cold air must be used before stasis occurs, and only in the stage of hyperaemia.

Dr. Everett reports twenty successive cases treated in this manner. When first called, the temperature ranged from 103° to 105° F., pulse rate 120 to 135, physical signs strongly marked. By inhaling the cold air for twelve hours the temperature would almost invariably fall to 99° or 100°, the pulse to 80 or 85 per minute; and by constantly inhaling the cold air, the temperature and pulse for a few days would manifest a slight increase, but the patient would readily convalesce with a very little medication.

If Dr. E. gives us a reliable report of his success, it is worthy of our notice. Can any one of us present to-day say that we have not lost one case in twenty in our treatment of this disease?

But other good and reliable men paint another picture. Dr. J. N. Lee takes the other extreme, and uses hot air, the temperature of which should be about the normal heat of the blood, excluding cold air entirely from the patient, and surrounding the body of the patient with hot air until he produces a powerful, systemic diaphoresis,—and gives a description of

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his portable room in which he confines the patient to give the hot bath to him. But in our system of treatment, when and where our strongest men are so antagonistic, and amid the conglomerate mass of drugs that fill up our materia medica, we must use our best common-sense in our therapeutics to fight this foe to human life if we would be the victors.

But, Mr. President, I have overstepped the boundary of time allotted to these papers, and I fear you may in your criticism accuse my paper of savoring more of the theoretical and speculative than of the practical and profitable.

It is more than probable that we whose brows are covered with the gray symbols of age shall not materially change our therapeutics; but it is for the young members in the profession to make innovations, to compare theories, test remedies, and put upon them their relative value. Permit me, my young friends, to exhort you to investigate all advances in the profession before you approve or condemn. Put the old but divine motto "*Labor omnia vincit*" over your office doors and upon the walls of your auditoriums; then with a determined energy grapple with the mysteries in our therapeutics and reveal the truth that lies in them, and you shall receive the "*Laborum dulce lenimen*" for being true and faithful workers in the vineyard of the profession.

DISCUSSION

Opened by Dr. Thomas Hiland, of Concord.

No words of mine can emphasize the value of this paper, and if I could store my mind with all the points held out, I would like to discuss them.

I cannot agree with Dr. Porter's views with reference to the increased mortality of pneumonia, for this reason: I say that statistics are unreliable, because the past has given us but partial returns. There are also many cases in which the death does not occur from pneumonia, but really from something else, and yet it is reported as pneumonia. A few years ago I stored my brain with a great many figures with reference to the mortality of pneumonia, preparatory to the discussion of the question in a Massachusetts Medical Society, and I have since studied the figures of the mortality of pneumonia, and

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cannot agree with any one that pneumonia is more fatal, or less fatal, to-day than it has been heretofore. There are two sides to this question, and each side is well supported. Like attorneys on opposite sides, each proves its case; and so both sides with reference to the mortality of pneumonia are proven by figures. Thus, I might go back to our own experiences. Many years ago, in the naval service, our receiving-ships were crowded with recruits, and we had many cases of pneumonia, and the death-rate was very much swelled. Does that prove that pneumonia is of greater or less mortality? Not at all.

Again: Many of our deaths occur from over-exertion and from loss of vitality. Now, the lungs, being one of the delicate organs of the body, become affected, and the death is reported as pneumonia, when it is not. You see a person of sixty-five, seventy, eighty, or ninety years of age grow feeble. You know that the time is not very far distant when his course of life will be run. The nervous system is very much debilitated, and finally the lungs become inflamed, and you report the case as pneumonia; but that is simply a case of old age, of heart failure. There are also cases of children of a few months old, with non-development, and you cannot make them grow. You know that they are going to die, and when you place your ear to their lungs you find them affected and inflamed. They pass off, and they are reported as cases of pneumonia. Another class of patients go on a long debauch, and are brought into the hospital insensible. Their lungs are congested, and they die, and you report them as pneumonia. In a case where the malaria has left a person broken down by malarious poison, the lungs inflame, and you report the case as pneumonia. Of course the patient is going to die, and would die if the lungs were not inflamed. Something else is the cause of the death.

And so I might go on enumerating a large number of such cases. Is it any wonder, then, that pneumonia is a universal disease almost, and that the death-rate is swelled thereby, when we consider, especially, that the lungs are of the delicate organs of the body, and hence most easily affected in case of any disease? The death-rate of pneumonia is not according to our treatment of fifty years ago, or of to-day, but depends more upon the cases we have to deal with.

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But I shall be guilty of digressing from the subject if I continue in this line. I am in the habit of treating cases of pneumonia, first, by putting the patient in the best room in the house. If it is possible, he must be put into a good, large, airy place, and must not be confined to two hundred and forty cubic feet of air, if there is room enough to give him one thousand or fifteen hundred cubic feet. He cannot have it in any corner of the room. Remove him away from the corners, and give him as pure air as possible.

I should not bleed. I would almost suppose, from the paper, that bleeding is very rife. Certainly within a radius of fifty miles of the author of our paper, I do not imagine it is. We have a few able and honest doctors, who, if asked, would say, Yes, I have bled cases for the relief of the brain, and every case I have lost. Every case, he would say, that I have bled after the first stages, has died. That no case should be bled, I should not say, but that we need to carry the lancet with us for cases of pneumonia, I deny.

The question has been discussed whether diphtheria in the country in 1857 has not had something to do with the death-rate of pneumonia. Perhaps so, but I do not believe that pneumonia enters into so many cases of inflamed lungs as many persons would have us believe.

I have tried hot applications and cold applications, water outside and inside, and I believe I can do more for a patient to take the water away from him, except as a matter of cleanliness, than to put it on to him. I believe that in the first stages some counter-irritants may do good, but I think that oil and cotton will do more good than hot or cold water. I believe that when I have done this, given him pure air and put him on the proper nourishment, I have done all that I can do. There are cases, perhaps, where I might do a little dosing: I might add a little ipecac and a small dose of digitalis,—but do not talk to me about your large doses of calomel. After the second stage they will die, whether you give them calomel or not. I believe that less dosing and more taking care of your patient will give you a better death-rate in pneumonia than to try to dose them every hour or two hours. I do, it is true, sometimes give doses of quinine and calomel, but in very small

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quantities. The less doctoring I do for a patient and the better taken care of he is, the better the report seems to be.

I would that I could follow more closely the line of treatment and the line of argument that Dr. Porter has presented. No doubt his cases do well under his treatment, but his cases do well, or not, in spite of a good deal of the treatment. I do not care who has charge of a patient of ten, fourteen, fifteen, or sixteen years of age, if you will give him half a chance he will get well of ordinary pneumonia; but the old man, the old lady, the child, the person who has been on a debauch—they are going to die, and there is no use in dosing them to death. A large proportion of them will die, and you will give a patient a better chance if you take better care of him, and give less attention to drugs.

Dr. Dinsmoor, of Keene. I have been very much interested in this paper on pneumonia. It is a subject of special interest to me, having had the disease in my own family; and when we have a particular disease in our own family, it comes a little nearer home than when some other family has it.

In a practice of nearly thirty years, I suppose I have had my proportion of cases of pneumonia, and perhaps have had average success in the results of treatment. I have never, however, in all my practice, ever heard of a case where bleeding has been practised in pneumonia. There may be cases where I should do it myself, but I never have done it. So far as large doses of calomel are concerned, I never have given it, and I very much question whether it is the practice in New Hampshire to give large doses of calomel. Perhaps in some cases where bilious complications arise, a small dose of calomel may be of service.

A Member. What do you call a large dose, doctor?

Dr. Dinsmoor. Fifteen or twenty grains.

In regard to the outward applications in pneumonia, I have used all methods—hot water, cold water, poultices, and all others—but for the last ten years I have relied almost exclusively on the sheet wadding applications on the thorax.

In 1880 or 1881 I spent some time in the hospitals in Philadelphia, and a good deal of the time with Professor Pepper, a well known authority on medicine. Almost always the doctor

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put on dry cotton applications and several layers of sheet wadding, and then removed one layer at a time, that layer next the skin.

Not too much importance can be attached to pure air and enough of it. A large airy room and sanitary conditions should be had.

I have sometimes given veratrum, giving as high as three drops, and following it up every three hours for twenty-four or forty-eight hours. If you have an intelligent nurse to watch the pulse, it is certainly safe to give it. Very often, too, in the first stages I give quinine, twenty-four grains in twenty-four hours, divided into doses, of course. Opium is an important thing in all stages of pneumonia, to allay excitement and produce comfort.

In the second stages of pneumonia I have been in the habit of using muriate of ammonia, six to eight grains in twenty-four hours. In some cases with children, and in cases where the vitality is low, carbonate of ammonia is preferable to the muriate.

Of course the patient has got to have a good supply of nourishment. My practice is to give milk and weak broths. They should be put to bed and kept there thoroughly covered up, using, if necessary, the bed-pan. Professor Pepper laid especial stress upon that point.

Dr. P. A. Stackpole, of Dover.—I was very much interested in hearing the paper read by Dr. Porter, and why I was interested was because I see from reports all over our country, and especially in New England, that pneumonia is a very prevalent disease and quite fatal. I agree in many respects with Dr. Porter's paper. There are some points on which, perhaps, we would disagree somewhat.

I have lived thus far, and practised medicine some fifty years, and, as I remember, I seldom have lost a case of pneumonia. I believe that to-day in any ordinary case of a naturally healthy man taken with pneumonia, if he is properly treated there is no need of his dying.

As to calling the disease by its proper name, I say that if I get a case of inflammation of the brain, I shall call the case brain fever; and if the patient has inflammation of the lungs,

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quick pulse, hot skin, and all such symptoms, I should call that case pneumonia, and should report it as such, and treat it as such, and not as heart failure. Governor Dix said that the best way to stop a riot was to knock it in the head at the beginning. Stop pneumonia in its first stages. My experience in pneumonia (and I have had an opportunity to get my share of the practice within the last fifty years) is, that it is best to take it in the beginning. Do with pneumonia as you do with every other disease, no matter what it may be. You have got to exercise your discretion and judgment to know how to treat it, and you have got to make a diagnosis to see what to do, and then go to work and do it. In some cases, where the lungs are becoming engorged with blood, I say you have got to do something quick. I say if you do not you are losing ground every moment. If it is necessary, in these cases where the lungs are crammed full of blood, I would bleed.

I remember at one time I was called in to see a man who, in health, was a sturdy, robust man. I was called in consultation. The man had been away, and had caught a severe cold, and had a severe attack at the lungs. He was sitting up in bed, and was laboring with all his effort to get his breath. To the other doctor who was there in attendance I said, "You must do something quick; this man cannot live a great while in this way." He said, "I have done everything that in my judgment is right to do." The man was growing worse instead of better, and said, "Do something to relieve me." I told the doctor that the only thing was to bleed the man. He said, "Would you dare do it?" I said, "Dare to do what? I not dare to save this man's life?" The man said, "Do something quick." I took my lance out—a lance that I have had for the last fifty years, and would not be without. I took the lance out and drew thirty ounces of blood from that man's arm. We sat there talking the matter over. The man was sitting up in bed bolstered up with pillows, and I was about to take some of them away, when he said, "Do n't do it, I could not lie down; I should suffocate." However, I took three or four pillows away, and he said, "Why, I can breathe; you have taken tons of weight off me." Before I went away I told him that I wanted to see him lie down, and he said, "I do not believe I

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can possibly do it, but if you think I can I will try." He lay back his head gradually as the pillows were taken out, and he seemed to be very comfortable. The doctor attending the patient asked what he should do next, and I said, "Give him a dose of calomel and Dover's powders mixed together, and compound powder of jalap. The man said, "I want you to come to-morrow." I said, "I do not believe that will be necessary, but if you wish me I will come." I did go, and I asked, "What kind of a night did you have?" He said, "Quite a comfortable night. I lay down with my head most as low as usual, and felt very nicely." The movement of his bowels was very free, and he felt a good deal better. I said to the doctor, "Keep on with your external applications—they are good. If you think the cold application better, use it; if you think the warm better, use that. If you like dry cotton application on the chest, use it. Save your patient." Our occupation I understand to be to save life where we can. That is what I try to do.

Within the last fifty years I have had a great many cases of pneumonia, and when necessary to bleed them, I bleed them. When it is not, I do not. If it is necessary to give calomel, I give it. If it is necessary to put a plaster on, I put it on. In that way I have saved very largely my patients in pneumonia, and, in fact, it is just the same with any other disease.

I believe that the cause of pneumonia is not so much hereditary, nor is it so much bacteria, or whatever you call it, but it is exposure to the cold, damp weather.

If you have blood that has crammed the lungs full, take it away and you wo n't have it there. That is what I call common-sense treatment. I only talk from my own experience and what I have seen. I have tried to observe and have tried to act. I do not call all my patients that die "heart failures," because I want to try to call them by the right name. I want to save that patient's life. I try to do it, and I most generally do.

Dr. W. B. Porter. I shall occupy your time but a moment. I draw the inference that Dr. Hiland's idea is that nobody has pneumonia but old people and children, and that where it shows itself in these classes we should not call it pneu-

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monia, but it is the going out of the vital powers. My experience does not teach me that this view is correct. I have no doubt but that pneumonia takes hold of old persons, and I have no doubt but that the vital powers of those persons are so near run out that they are more liable to die. Perhaps it is also so with children; but in my practice I do not think that the mortality of children from this disease is as great as in adults. Now it seems to me that when, by reading, etc., we see pneumonia spreading all over our country, we must come to the conclusion that pneumonia is increasing in its mortality. It seems to me that for the last thirty years it has.

I am not charging it upon any course of treatment. I do not know but that the conditions have changed. I do not know but that the physical state of the people has changed. Some take the ground that diseases change in their developments, and consequently we do not have the same classes of diseases to treat.

I do not want to have it appear before this society that I am an advocate of bleeding. I have never bled patients in the outset. I use those means that I have recommended in my paper, and I succeed in more than a majority of cases. Now, if I am called to a case where the lungs are filling up with blood and are becoming loaded, what shall I do? I say there may be cases, perhaps one in twenty or one in fifteen, where you have the blood flowing into these vital organs and overloading them. What should you do? What would you do if a dam were placed across the Merrimack, and the water were coming down that stream, and there were danger of the dam's breaking away and the water's rushing into the city and destroying it? Would you stop to discuss the remedy a great while? No, you would take out some of the water from the dam and relieve the pressure. I would treat that patient just so. I do not say that I would do it in ordinary cases, but cases will come up where it should be done. Many may think that they will never bleed, but I say that cases will arise where, if you will open the vein and let out a little blood until you produce an impression upon the system and relieve the lungs, it will save the patient.

It has been said by Dr. Dinsmoor that he has had a case of pneumonia in his family. I remember that, when I was a boy,

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my father was taken with a terrible attack of pneumonia, and our family physician was sent for; and I pretend to say, from what experience I have since had, that I do not believe that man would have lived twelve hours without some relief had been given him at once. What did the doctor do? In those times one of the first things was to bleed: I think that the practice was carried too far, but now the pendulum is going in the other direction. When the doctor came my father could not lie down. He breathed fifty times a minute, and every breath you could hear twenty rods from the house. The doctor came and said that he must bleed him. He bled him until an effect was produced: the pressure of blood was removed, and my father breathed more freely.

I do not think that it produced a curative effect. It would not heal the lung, but it did stop the blood from flowing in there, and my father recovered.

Some say that you produce great prostration by bleeding. Do n't you produce great prostration by giving doses of antipyretics? I once had a case where I had counsel, and was advised by counsel to give antipyrine. I gave her fifteen grains, and in two hours repeated it. That produced an effect such that if I had not been present I think she would have died within twelve hours. I think that that medicine operated on the nerve centres so that there was danger of collapse.

In giving calomel I want to give enough to produce an impression. I do not give these great doses in the outset. I begin by giving small doses. If the bowels need moving, I give a laxative. I find that a mild dose of mercury works best. I give ten or fifteen grains, and have no fear of giving it. I do not believe it will produce prostration if a person has a constitution able to be treated at all. In giving it you produce a specific effect upon the secretory vessels not got in any other way.

A MEMBER. What do you mean by "specific effect"?

DR. PORTER. I mean a discharge from the bowels. Perhaps two powders will do it. I remember a case of a young lady, very delicate, who was taken with pneumonia. She was very sick, and all thought she would die. I went to see her, and I gave her that dose. Although she was very weak and feeble I

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left three powders. I did not weigh them out, but perhaps there were ten grains in each. They gave her two of the powders; and the next morning when I went it would have surprised you to see what passed from that young lady's bowels. The girl got well.

I am not a strong advocate of large doses of calomel, but I think there are times when one should use it. I think we should be governed by common-sense, and do what is best for the patient.

Dr. Roberts. When would you bleed patients?

Dr. Porter. I would not bleed unless the pressure was very severe, or the person were dying for want of breath. In such cases I would give relief by bleeding.

Dr. Lathrop. I understand Dr. Porter to say that bleeding in pneumonia is not a part of the treatment of pneumonia, but is the treatment of an accident which sometimes occurs in pneumonia.

Dr. Porter. What do you mean by an accident?

Dr. Lathrop. I mean something which is liable to occur, but which is not part of the disease.

Dr. Porter. I am willing to take that position. When the patient struggles for breath, and there is a severe pressure on the lungs, you want to let blood out. You may call it simply relief. I place no more value upon it than the rest.

Dr. J. R. Cogswell, of Warner. If there is anything I am interested in, it is this disease. It astonishes me very much in reading the papers to see accounts nearly every day of this one and that one dying of pneumonia. Our best physicians lose about half their cases of pneumonia. Some good physicians I know of lose about every case they have. I know but little about pneumonia. I have been practising twenty-three years, and I know of but three or four cases that I have lost. It must be good luck, and nothing else.

I agree with Dr. Stackpole that there is no necessity of losing so many cases. Doctors wait for the three stages. They want to see if hepatization will not take place. I think that I can tell on the fifth day what the case is. I do not wait until the tenth day, but get at the case at once. I think that I have a many cases as any one, and I do not care what the books or

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professors say, it seems to me that a man of twenty years or more of practice ought to know what pneumonia is. I have had a good many cases among children, and a good many cases of typhoid pneumonia.

I am glad to have this matter come up, because I think it will do good. I think that physicians wait too long in this disease. If you wait until hepatization takes place, then you might about as well have stayed at home in the first place. You have got to do something right away, or the inflammation will extend, and the disease assume a serious form.

Dr. Adams. I would like to ask the gentleman what his diagnosis would be for the first four or five days.

Dr. Cogswell. If I have temperature 104° or 105°, rapid breathing, dyspnoea with chills, congestion of the lungs, and after a time raising freely, I call that pneumonia.

Dr. D. S. Adams, of Manchester. It seems to me that this is too important a question to be left in this way. We have a member who has stood up before us and said that in fifty years' practice he has never lost a case of pneumonia. That astounds me. And the same gentleman said, before getting through, that there was no need of having hepatization. If that is so, my whole education has been wrong. I have learned that no man is positive of a case of pneumonia until the first step has been taken and hepatization has set in. I have been taught that there are three stages of pneumonia. The first is inflammation of the lungs with heightened pulse, etc.; second, red hepatization; third, suppuration. You are not sure that you have pneumonia until you have that hepatization. If this is the teaching of to-day, and the teaching of twenty-five or thirty years ago was that every little congestion found in the lungs was to be called pneumonia, certainly there is a great difference in the diagnosis of such cases.

As to blood-letting, I believe that is proper in some cases. I have seen cases where I thought that blood-letting was necessary. I believe I have bled three times. I have seen quite a number of cases of pneumonia, but I have not been calling every little congestion that took place at the lungs pneumonia. I have seen cases of severe congestion of the lungs and difficult breathing, but with proper treatment it all passed off. It was

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simply a temporary congestion of the lungs. Had I bled in these cases on my first visit, I might have said that I met with wonderful results.

I have been in the habit of using stimulants. I invariably use them when I find the heart growing quite feeble. That is an indication to me that they should be used, and I use them. Even when I have bled I have followed the bleeding up with stimulants and toning treatment to the heart's action, and my experience teaches me that this is the proper course.

I cannot say that I have never lost a case of pneumonia. I have lost cases, and in saying that I say no more, and no less, than the very best physicians can say.

DR. STACKPOLE. How soon does hepatization take place?

DR. ADAMS. I should say from the fifth to the seventh day. When does it with you?

DR. STACKPOLE. A good deal before that.

DR. ADAMS. Do you consider congestion hepatization?

DR. STACKPOLE. No, sir, I do not.

DR. A. P. RICHARDSON, of Walpole. *Mr. Chairman:* I have known very little about pneumonia, and now I know much less than when I came here. It seems to me that a person knowing no more than I about pneumonia would go away from here feeling very doubtful how to treat a case. I will venture to say that the general practice, so far as I have been able to observe, has been not to bleed. I have never known of a case being bled, except those related here, in the twenty-five years of my practice, although I have heard it talked about.

A good way to treat pneumonia is to apply a soothing application to the chest. It may be a poultice, cotton batting, or oiled silk. Then give some iodine and aconite. Also some mild opiate to keep the patient quiet. If the heart shows signs of failure, use stimulants. The rest of it we have to trust pretty much to good luck and a good constitution.

There is just one other question which I would raise, and that was raised at the last meeting of the Connecticut Valley Association. Are we not apt to try to stimulate and tone up our cases too much? It strikes me that we are.

DR. L. G. HILL, of Dover. I have had some cases of pneu-

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monia in the course of my medical experience. I never approach a case of pneumonia without fear and trembling. I have no specific treatment, and do not suppose that we can lay down any rule of universal application. If I saw a case of violent fever and great difficulty in breathing, I should certainly bleed. I have seen some violent cases relieved by blood-letting, and would repeat it under the same circumstances.

Dr. J. H. CUTLER, of Peterborough. I am very glad indeed for this discussion, because in future, when I treat a case of pneumonia, whether my patient lives or dies, I shall feel that I am perfectly justified in my treatment.

The first case of pneumonia that I ever saw was twenty years ago, at the time I commenced the study of medicine. We went to see a case which we found to be pneumonia, and the first thing that was done was to open a vein in the arm. I looked on with disgust and dismay. In two or three days the patient was well, or convalescent.

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VOLUNTEER PAPER.

BY L. G. HILL, M. D., DOVER.

Dr. Hill, being called upon, reported the following case of malformation:

Saturday, April 27, 1889, Mrs. O. H. gave birth to a fine looking, well developed male child. On Sunday the child did not nurse (and never did), but vomited a dark fluid substance with little odor. I directed, if the child's bowels were not moved on Monday, that a teaspoonful of oil should be given. The first teaspoonful was vomited: a second was retained, but did not operate. Tuesday an injection of warm water was administered, but was returned immediately, or did not pass up. I then passed my finger without difficulty through the anus into a closed sac about an inch and a half in depth. On finding this anomalous condition, or malformation, I concluded the case would soon end,—terminate fatally,—and ceased all efforts.

The child died the next morning, Wednesday. A post-mortem examination was had, and the abdominal organs were natural in situation and appearance, except the lower end of the rectum, which ended in a closed sac about two inches from the surface of the body. The diameter of the intestine at this point was about one inch. The sac into which I passed my finger consisted of cellular tissue, easily broken up.

If I had known the actual state of the parts, I think I could have broken through the cellular sac, and, by employing a rectal speculum, could have seen and reached, hooked, and brought down the rectum, opened and joined it to the edges of the anus, and possibly, nay, probably, saved the child.

Now the practical question is, whether, when I had discovered the malformation and judged the case fatal or hopeless, I

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should have been justified in proceeding to explore that region by rupturing that sac, and, by touch or speculum, trying to discover some way of escaping a fatal result.

From what we now know, such a course could not have aggravated the case, and might have saved a human life. Of course no honest man would like to feel either that he had used undue violence, or neglected his duty; but if an apparently similar case should occur to me, I think I should proceed to explore and try to adjust.

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DIAGNOSIS OF PELVIC TUMORS.

BY DR. E. W. CUSHING, OF BOSTON.

I have been invited by your president to make a few remarks with reference to the diagnosis of pelvic tumors, and the indications for operation. This is a subject, I am sure, which will interest all of you, and of which there is not much written in the text-books. There is a good deal said about abdominal tumors, and when they become large they are comparatively easy to diagnosticate, but nearly all of these have been at one time pelvic. The next step in progress is in finding them out when they are little, before they are abdominal tumors, when they are not so easily distinguished.

I think you will all recognize the very great addition to safety in operating on such things when they are small; yet it is not generally appreciated that something like sixteen or seventeen per cent. of the ovarian growths become malignant when they get large, so that in operating on one hundred large ones something not very far from sixteen are found to be malignant, with great increase in mortality, and a strong disposition to return. Again: When large they pass through all forms of danger incidental to obstruction and adhesions, and it is often very difficult to dissect them out, whereas the small tumor without adhesions is the simplest thing in the world to remove.

In diagnosticating these cases, when is one to use ether? My experience is, that in examining patients there is an involuntary pressing down upon the organs of the pelvis, which comes from the abdominal tension, and especially is that the case when the parts under examination are at all sensitive. Therefore, in cases requiring operation, it is not fair to yourselves or to others to expect a satisfactory diagnosis in a case which is

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at all doubtful without the benefit of ether. With that aid many cases are wonderfully cleared up.

Now, in regard to the varieties of the tumors within the pelvis: leaving out fibroid uterine tumors, we have to refer them to the uterine appendages and to the broad ligament and its contents.

We have, in the first place, the stroma of the ovary, which is apt to become cystic and have a multilocular development. At first such a tumor is small, but it constantly enlarges by little new points of development, daughter-cysts forming in the walls of the first cyst, until it makes a composite tumor. One cyst is usually much larger than the others. I have brought with me some specimens, and have here a little tumor of that kind. In the first stages, such a tumor will be found to be perfectly movable, not adherent or fixed. The tumor here shown was discovered accidentally, the woman being under examination for some other trouble. The removal of a tumor like that, at that stage, with only a thin pedicle, is absolutely insignificant in comparison with the severity of the operation if that same tumor or growth is left until it is larger, until it becomes adherent, or has given rise to attacks of localized peritonitis, and, moreover, if not removed, it is liable to become malignant. You will see that a tumor of that kind is usually single, very movable, smooth, nearly round, hard, but not as hard as the fibroid. It is painless, and when small is found to be on one side or the other, in the region of the ovary. It can be pushed up and felt from above, or pushed down, or behind the uterus.

Secondly. We have a tumor coming from the hilum of the ovary, or, it may be, coming from the vertical ducts of the parovarium. It is not simple; it has sacs filled more or less full with fluid and papillary excrescences. I have such a one here, a little larger than the other shown you, but still it is a little tumor, growing between the folds of the broad ligament. It has no pedicle, and when it is small it is very easy to shell it out, but when it becomes large it is a very difficult matter. What do these papillae do? They finally may fill up the tumor, and if there is some weak spot in the walls, they are liable to come through, and the tumor is turned inside out. If

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the tumor bursts, or if you tap it, these masses of rapidly growing cylindrical epithelium will infect the peritonaeum in thousands and thousands of places, so that it may be all covered with little papillae. This tumor grows, as already stated, from the vertical ducts of the parovarium, from the hilum of the ovary, or from the remains of the duct of Gärtner, and in the latter case it is found in the walls of the uterus. Papillomatous cysts are apt to be double, and, growing between the folds of the broad ligament, they contract firm unions and adhesions, becoming, if neglected, very dangerous and formidable.

The third kind of tumor of the broad ligament is a very simple one when little. It is a simple cyst containing serous fluid and lymph, growing between the folds of the broad ligament. These cysts are liable to develop, growing larger and larger. When little, as with the other tumors spoken of, they are easily removed, and if discovered in time and removed, or even if punctured, they seldom return. They are found on one side only.

The next that we have is the dermoid cyst. Here is such a one, that was found growing in the pelvis in a young woman. It was developed from the ovary. Another in the other ovary was larger, containing hair and teeth. One of these is very likely to make a great deal of trouble eventually. It is likely to be painful as it grows, and if it is broken or tapped the contents will spread about and set up inflammation. These cysts are filled with fat, hair, and teeth, and I have no doubt that you will find this one so. I will open it for you, as I do not know of an occasion where it can be put to better service. You will see the hair, and it is very likely that, if it were examined closely, teeth could be found. Dermoid cysts are not limited to the ovary, they are occasionally found in the strangest places. They are considered to be congenital, and may be carried through life without trouble, but rarely. They are apt to be double.

Totally different from the ovarian tumors are the myomata of the uterus, commonly called fibroids. In most cases there is not any great difficulty in making a diagnosis of these, at least under anaesthesia and with the aid of bimanual palpation, and the measurement of the depth of the uterine cavity with the

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sound, if necessary. The long duration, the history of hemorrhages, the comparative freedom from acute pain in uncomplicated cases, the slow growth, the irregular shape, the hardness, the distortion and elongation of the uterine cavity, all facilitate the diagnosis. Nevertheless there are cases where these signs fail, or are conjoined with others which are confusing. Precisely the cases which give most trouble and most require an accurate diagnosis are those where it may be impossible to say with certainty before operation whether a fibroid is present or not, and whether, if present, it is uncomplicated. For those small fibroids, which cause most suffering, and on account of which the question of operation is most frequently raised, are those in which there is also present an inflammation of the Fallopian tubes, with repeated attacks of violent pain and of pelvic peritonitis, so that the fibroid is imbedded in masses of exuded lymph, and is fixed, tender, and perhaps not very large.

On the other hand, any of the forms of tumor above mentioned may be present, together with a uterine fibroid, and each may mask the presence of the other more or less. Where there is no fibroid, the masses accompanying the diseases of the tubes, which will be next considered, may be so large, so hard, of such long duration, and so complicated with menstrual hemorrhages, that a diagnosis is only possible on opening the abdomen. At least operators of great skill and experience are frequently unwilling to make a positive diagnosis before operation, and the greater the experience, the greater is apt to be the unwillingness.

These other morbid enlargements of this region are not tumors in the common acceptation of the word, nor yet are they growths, but masses, and they have to be distinguished from the tumors. They are the diseases of the Fallopian tubes, or abscesses of the tubes and their vicinity, forming what is often called cellulitis. These may closely resemble in size the fibroid or the ovarian tumors, but in almost all of these cases there will be inflammation from the first. With most of the other kinds of tumors described above the inflammation comes later, from the irritation of the peritonaeum, torsion of the pedicle, rupture of the cyst, or obstruction of the intestine.

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These tubal affections are caused often by gonorrhoea; often by puerperal disease; sometimes, perhaps, by simple inflammation connected with menstrual troubles. The history is generally obscure, and one has to come back to the fact that there has been at one time a very severe inflammation, with more or less complete recovery.

Now, here is a case where a woman (and she was a faith-curist, by the way) concluded to undergo an examination. There was a distinct history of inflammation, history of pain, and difficulty of menstruation, etc. This mass could easily be found, and when it was removed, it was three times as large as it is now after preservation in alcohol. In examination under ether such a mass is not movable, as the small tumors are: it is fixed there. In fact, it is generally supposed to be in the broad ligament, but it is not. It is in and around the tube. That woman was on her feet going about, and had been suffering for a long time. This big tube was full of pus. This cyst, formed by the other tube and ovary, with adhesions to neighboring parts, was full of serum. It broke in removing it.

Now you see that these are about the size of the smaller forms of tumors. They, however, are not movable, and there is great sensitiveness and inflammation which do not accompany the tumors. The tubes are full of pus, or cheesy masses, and the uterus itself may be turned back, and it will generally be found to be pressed out of place by the pus-tubes.

Here is another of these doubtful tumors. In this case, the woman lay in bed three years, with violent menstrual hemorrhages and much pain. It was difficult to tell what the trouble was. The bunch was hard, and it was not evident whether it was in the tubes or was a fibroid. It proved to be the former; the tubes were removed, and the patient recovered very nicely.

The second thing that we have to anticipate in the tube is tuberculosis. Here is a case which shows it very perfectly. This was removed in my presence, and was given to me by my friend Dr. Reamy, of Cincinnati. You can see the little miliary tubercles on the walls of the tubes, as well as the cheesy matter in their cavities. One ovary by chance contains or is turned into a dermoid cyst as large as an egg. That represents the early stages.

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Here is another case where the tuberculous condition had gone on further. The woman was run down; she had lost forty pounds within a few months. It was thought that she had a fibroid tumor, but upon operation there was found this diseased condition of the tubes, reaching clear down to the wall of the uterus.

In regard to operating on women run down in health, who appear to have some pelvic difficulty, and especially such a severe case as this last, I would say, that although it would appear at first as though the patient could not recover, even though undergoing an operation, it seems as though the cases published by Hegar and others, showing recovery after operations for tuberculosis of the tubes, furnish hope that a favorable result may ensue, and a justification for such operations.

The only other diseased conditions which I think of that are liable to occur in this region are the malignant affections and extra-uterine pregnancy and pelvic haematocele. Cancer of the uterus comes in for discrimination, but only that form which, originating in the fundus, spreads to the neighboring parts and causes an infiltration of the broad ligaments, with fixation of the uterus. In these cases the age, the pain, the rapid loss of strength, and usually the sanious and malodorous discharge, make a diagnosis not difficult. Earlier in the history of the case, when the disease is limited to the mucous membrane, with enlargement of the uterine body and repeated hemorrhages, the uterus being movable and the pelvis free from other disease, there may be a doubt whether the affection in question is a malignant adenoma or a uterine fibroid. The fact that the former is in most cases a disease of women who have passed the menopause, is generally a strong ground of diagnosis; but as the symptoms require curetting, the slightest inspection of the masses removed will distinguish between the presence of a fibroid and that of an adenoma, while the microscope will show whether the latter has already undergone cancerous degeneration. These uterine adenomata, before the uterus is fixed by malignant degeneration and infiltration of the broad ligaments, form the most suitable and useful field for vaginal removal of the whole uterus. Malignant disease may also spring from the ovaries, tubes, or intestine, giving rise to great

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difficulties of diagnosis. Cancerous ovaries usually are associated with a great accumulation of fluid in the peritonaeum.

The cases must be very rare where extra-uterine pregnancy could be confounded with pelvic tumor. In the first place, an opportunity is seldom offered of examining a case of ectopic gestation before the rupture of the tube in which it lies has either precipitated symptoms of abdominal collapse and acute anaemia, which are sufficiently characteristic and are soon fatal, or by rupturing into the cavity of the broad ligament has caused a pelvic haematocele. If such an opportunity does occur, the physical symptoms are not sufficient to warrant a diagnosis, and the distinction from tubal distension of other varieties must be made by the history of the case and the other signs of pregnancy. Such a diagnosis is not usually possible, in the opinion of Tait, as he says "we may guess but we cannot affirm." Although undoubtedly some such cases have been recognized, yet these are the rarities. On the other hand, I know of a case where a competent operator removed a diseased and distended tube, and was much astonished afterwards to find that it contained a little foetus. In another celebrated case, which has been quoted as an example of the possibility of making a diagnosis before rupture, I am credibly informed that at a consultation held on the afternoon previous to operation it was held to be impossible to decide what the tumor was.

If the tube ruptures in such a manner as to cause a pelvic haematocele or haematoma, the symptoms are so sudden and violent that there is no great probability of confounding the condition with anything else. The tumor which is produced is low down, and although at first on one side, it soon passes around behind the uterus which it encircles like a collar, pressing it forward, and also pressing on the rectum. The symptoms of haematocele are well known, and are described at length in the text-books.

I would like to say a few words in regard to operation on pelvic growths. I think everybody is agreed that an operation is warranted as soon as a tumor is diagnosticated. The danger of letting such a growth remain until it becomes large is so great, and the operation on a small one is so insignificant, that no one should hesitate for a moment what course to pursue.

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The indications to warrant operations on pelvic inflammatory diseases are much more difficult to define. Where there is pus, where there is fever, and when the woman is confined to her bed and is incapacitated, nobody need hesitate to advise an operation. Where, however, the woman is only somewhat incapacitated, not obliged to keep her bed, an operation depends somewhat upon her circumstances and condition. In case of a woman who has a home, who can be supported, and can have her work done for her, not being obliged to labor, I think there is quite a conservative feeling among surgeons as to the necessity for operation. An operation on these chronic diseases of the tubes is much more difficult and dangerous than on a tumor. Therefore an operation on chronic catarrhal salpingitis is dependent very largely upon the necessity of the patient for labor. The woman who must work for her living, who loses one place after another, who has no home to go to, is perfectly willing to undergo the dangers of an operation rather than to live on in that way. A woman in that position, I think, has a right to have that wish respected and receive the operation. As I have said before, where the woman is able to be about, and is not obliged to work, there is much less necessity for an operation; but where the woman has to keep her bed, where the tubes are full of pus, and where there is constant inflammation, that patient is not going to get better without an operation, and I believe that it is a neglect of duty to advise against its performance.

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PROGRESSIVE MEDICINE.

THE ADDRESS DELIVERED BEFORE THE GRADUATING CLASS AT THE NINETY-THIRD ANNUAL COMMENCEMENT OF THE MEDICAL DEPARTMENT OF DARTMOUTH COLLEGE, NOVEMBER 20, 1888.

BY M. H. FELT, M. D., OF HILLSBOROUGH BRIDGE.

MR. PRESIDENT, LADIES AND GENTLEMEN:

Medicine is a progressive science, and like all other things had a beginning, though its origin and early history are veiled in obscurity, or are but legendary. It is only by such authority as the fables concerning Chiron and his pupil Æsculapius, who was worshipped as the God of Medicine by the Greeks twelve hundred years before Christ, that we are able to trace the origin and source of scientific medicine. At this early period we are informed that the sick would repair to the temples of Æsculapius, and submit themselves to the treatment of the Æsclepiadæ. We further learned, from an equally obscure source, that when the Italic School of Philosophy, established by the celebrated Pythagoras, in which much attention was always given to medicine as a branch of general education, was broken up, about five hundred years B. C., and his pupils scattered, some of them attended to the practice of medicine, and visited the sick at their dwellings. At about the same period, also, we obtain our first knowledge of the charlatan and quack, who, "without any pretension to education, offered their nostrums for sale in the market-places."

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Though encouraged in various ways, medicine made but little progress till Hippocrates, born about the year 450 B. C., having collected the scanty knowledge of his time, and added to it the results of his own observations, established a theory of anatomy, physiology, and pathology. He declared the body to be composed of four elements. From these were derived the four humors,—blood, phlegm, bile, and black bile,—differently combined in different individuals; and from these humors arise the four temperaments. Disease he characterized as a disordered condition of the fluids. His theories, which to us appear absurd, greatly advanced the science of medicine, and obtained for himself that just and venerable title, which he has ever since held, the Father of Rational Medicine.

The great philosopher Aristotle, himself the son of a physician, devoted the first years of his life to the practice of medicine. His earnest devotion to the dissection of animals established so firmly the fundamental principles of comparative anatomy, that for ages little was added to what he had written. His pronounced notions of the faculties, brain, lungs, heart, and blood-vessels were far in advance of the ideas held prior to his time. He died at the age of sixty-two, probably in the year 446 B. C.

The establishment of the Alexandrian School of Sciences, about three hundred years B. C., and the liberal policy of the Alexandrian age, developed an era of remarkable progress in the history of medical science. The authorization of human dissection, which had previously from the religious prejudices of the ancients been prohibited, was one of the most important events of the age. Two of the earliest members of the Alexandrian School, Herophilus and Erasistratus, became particularly distinguished by their anatomical studies, said to have been pursued by the former with such earnestness as to dissect criminals alive. Evidently their anatomical labors were exhaustive, and extended nearly five hundred years beyond their times, for, on the authority of the writings of Galen, covering that period, the names of only five or six are said to have been deemed worthy of mention by him in connection with the study and dissection of the human body.

Celsus, a Latin physician and writer, born probably in the

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year 17 B. C., enjoyed great distinction, particularly as a surgeon. In his work "De Medicina" he describes many of the operations of surgery. It also contains a digest of the opinions and observations of writers of the Alexandrian period, and shows the great progress made by the anatomists of that age. He was called the Roman Hippocrates, because, having adopted his theories and system, he introduced them among the Romans in the first century of the Chrstian era.

In the year of the world 130, Claudius Galenus, commonly called Galen, was born. He commenced the study of medicine at the age of seventeen, and early acquired a wider renown as a physician and author than any other since Hippocrates. He wrote a great number of works: in all, it is believed that his distinct treatises number at least five hundred. He adopted the Hippocratic theory of the four elements, humors, and temperaments, and assumed another principle, the spirits, as entering into our composition. His works on anatomy and physiology were valuable, and, considering his narrow resources, were wonderfully correct, comprehending all that was known on these branches until the time of Versalius, in the sixteenth century. The pathology of Galen was chiefly imaginary. In his diagnosis and prognosis, without knowing what it was, he made great account of the pulse; and all subsequent writers, considering him the first and only authority, adopted his system without doubt or alteration. For more than twelve centuries his authority reigned supreme. His practice he based on two fundamental principles,—first, that "disease is something contrary to nature, to be overcome by that which is contrary to the disease itself," and second, that "nature is to be preserved by that which has relation to nature." Hence arose his two indications of treatment,—"the one, taken from the affection contrary to nature, which affection requires to be overcome; the other, from the strength and natural constitution of the body, which requires to be preserved."

In Materia Medica his authority was not so high as that of Dioscorides, who flourished about the same time; but on all other branches Galen's superiority over his predecessors and contemporaries seems to have acted for centuries as a check to all further attempts at improvement.

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After the decline of the Alexandrian School in the seventh century, gradually medical science found refuge among and received encouragement from the Arabians. From the eighth to the eleventh centuries rich scientific culture prevailed. Schools of medicine were established, and several distinguished writers appeared, but contributed little that was new except in two particulars, as their writings were mostly compiled translations from the older authors, chiefly from Galen, though for several centuries the "Canon of Avicenna" was an authorized text-book in the medical schools of the Arabians and Europeans. In two particulars the Arabians advanced the science of medicine. From them we obtain the earliest account of eruptive fevers, and we not only derive from them several of the drugs now in use, as cassia, manna, senna, rhubarb, tamarinds, camphor, &c., but in their pursuit of alchemy they produced distilled liquors, some of the metallic salts, and laid the foundation of the science of chemistry.

The School of Salerno, in southern Italy, which according to some authorities was founded near the close of the eleventh century, by others much earlier, attained great reputation, which reached its height during the thirteenth century. An edict, published by Frederick II, prohibited any one's practising medicine in the kingdom of Naples until he had been examined by the faculty of Salerno. "After completing his course of studies, the candidate was examined on the Therapeutics of Galen, the first book of Avicenna, and the Aphorisms of Hippocrates. He afterwards swore to be pure in life, submissive to the laws, to attend the poor gratuitously, and not to share the profits of the apothecary. He then received a diploma, but for the first year was compelled to practise under the superintendence of an older physician."

Till the early part of the sixteenth century, though many men had risen to eminence in the profession and contributed much towards its advancement, Galen was still considered the one indisputable authority. Even the labors of Sylvius, though having used the human body in his demonstrations at Paris, when the results of his dissections did not coincide with Galen's discriptions, were looked upon as exceptions to the general rule, or as evidence of degeneracy of the human race.

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Thus, even facts were disputed if contrary to the writings of Galen, the oracle, who had for more than twelve hundred years been considered the ultimate authority.

Near the end of the fifteenth century there lived near Zurich, in Switzerland, a physician and chemist to whom, in the year 1493, a son was born, upon whom was bestowed the patronymic Philippus Aureolus Theophrastus Bombastus von Hohenheim, which, by crude translation, was reduced to Paracelsus, though from his erratic career Bombastus would have been more appropriate. Notwithstanding his diligence as a chemist, he eventually became as truly the father of Quackery as Hippocrates was of rational medicine. At the age of thirty-three he boasted, like the charlatan of the present day, "that he had cured thirteen princes whose cases had been declared hopeless." Without evidence of ever having attended any regular school, he was appointed Professor of Physics and Surgery at Basel, and commenced his academic career by publicly burning Galen's works, declaring that Galen did not know as much as *his* shoe-latchet. "Reading never made a physician," he said; "countries are the leaves of nature's code of laws, patients his only book." His class-room, said at first to be full to overflowing, soon became deserted. He ere long fell into habits of excessive intemperance, and commenced a roving life. In the year 1541, while at Salzburg, having given offence in the usual manner, "he was pitched out of the window at an inn by the doctor's servants, and had his neck broken by the fall." His offence is supposed to have been his usual exasperating conduct towards the regular faculty, which excited their violent anger, and resulted in summary and not wholly undeserved punishment at the hands of their assistants.

Though an arch quack, whose life was an incoherent medley, the influence of Paracelsus was felt for centuries. Unconscious and devoid of any intent for good, his attack on the supreme authority of Galen, even while he had nothing to offer as a substitute, tended to reveal its absurdities and obscurities, and opened the way for more liberal opinions and discussions, which marked the dawn of a new era in medical science, inaugurated by the labors and discoveries of Ambroise Paré in surgery, and the zeal and assiduity of Versalius in the

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study of anatomy, continuing with slight interruptions to the present day. It is not my intention to trace the progress of medicine to the present time, but simply to notice some of the more important events in its earlier history. My endeavors, by rapid striding, have brought us into the sixteenth century, to within a little more than three hundred years of the present time. I shall not attempt further to note, even briefly, its progress in the last three centuries, which period has been replete with wonderful discoveries; and to mention the many deserving men who have contributed to its present standard would be impossible, while to select a few would seem invidious. Since the commencement of the Christian Era, no century in it has developed such remarkable progress in all the arts and sciences pertaining to medicine as has the nineteenth, particularly the last half. To the Materia Medica have been added a large number of important remedies: some of those deserving special mention are quinine, morphia, strychnia, hydrocyanic acid, the iodides and bromides, chloroform, ether, antifebrin, and cocaine.

Even the discovery by Dr. Franklin, who, with key and kite, first kidnapped and held captive the lightning from heaven, has been developed by study and experiment, till now, confined in a compact case, electricity is remedially applied for the relief and cure of many of the diseases of mankind.

By the invention of the pleximeter, speculum, thermometer, opthalmoscope, stethoscope, and laryngoscope, physical diagnosis has been facilitated to an extent unthought of by the physician of the previous century, while chemistry and the microscope are now brought into requisition to make certain that which without them would have remained doubtful and uncertain. Imagine, if you can, the astonishment and perplexity of that pioneer in medicine, Dr. Nathan Smith, the founder of this college, could he reappear on earth, after an absence of sixty years, and behold the happy effects of an anesthetic administered for the relief or prevention of pain; the bloodless amputation by means of Esmarch's bandage; the wonderful results of antiseptics; the triumphs of the expert in abdominal surgery; the administration of cold water to satiate the burning thirst of fever; and the bathing of patients with

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exanthematous fever. The treatment of diseases, particularly those of an inflammatory nature, have been modified, and, we believe, much improved, within the memory of many now in practice. Formerly the lancet was freely employed. Possibly if now the victims of venesection are fewer than they formerly were from the risk of being bled to death, there may be an occasional chance of perishing from the too liberal use of brandy.

Until the rise of the Alexandrian School, Dogmatism, on the authority of Hippocrates, had been the one prevailing system or school of medical belief; but with increased knowledge came difference of opinion, and the founding of a new sect in theory called Empirics. The Dogmatists maintained that to treat disease successfully we should first fully acquaint ourselves with the natural action of the body, the invisible as well as the exciting cause of disease, with the operation of medical agents upon the economy, and with the changes produced by any morbid principle.

The Empirics contended that all this is impossible and unnecessary; that experience must be the sole guide; and that a step beyond this leads to danger and often to fatal error. About a hundred and fifty years after the origin of Empiricism, there arose a sect, founded by Asclepiades of Bethyria, called Methodists, who maintained that the human body is permeated in all directions by pores through which, at all times, atoms varying in form and volume are continually passing, health consisting in a symmetry between the atoms and pores. Disease depended on a contraction or relaxation of the pores, or derangement of the atoms. According to the Dogmatist, the primary seat of disease was in the fluids, and the origin of all maladies to some alteration in them. The Methodists asserted that the solids were first affected; the derangement of the humors was but secondary.

This difference of opinion about humoral pathology and solidism, probably modified at least once in each generation so as to embrace the idea of this or that humorous stolid or stoical pathologist, had continued in various forms until, after an uncertain period of incubation, the highly modified and magnified bacteria has been hatched, cultivated, propagated, pre-

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served, and labelled as the latest discovery, and demonstrated as the most rational pathogeny of the modern Pathologist.

In the latter part of the second century of the Christian Era the Methodists, which had for several years been the preponderating medical sect, became broken up, and were succeeded by various schools which were to a great extent but modifications in one form or another of the first three, and these were again succeeded by others of a still later origin, some of which exist to-day. Reviewing thus briefly the rise of medical science from obscurity to the light and splendor of our own generation, through it all we are compelled to note the pendulum-like motion of medical opinion, swinging from the extreme of one belief to that of another, equally distant from the wise medium at which we claim to have now arrived through results obtained from intelligent observation, careful experiment, and scientific reasoning, until you, gentlemen, standing before us to-night, candidates for graduation, represent that wise medium of medical science, the culmination of the research and observation, intelligence and reason, of the nineteenth century attainments. To you and such as you are intrusted the future progress and development of medical science; and although apparently wellnigh complete, the mysterious future, unlike the past, is impervious to our sight, but from your present deportment we may confidently expect that at least some of this class will rise to preëminence in your profession.

With a vivid recollection of an event in my own life similar to this occasion in yours, Gentlemen of the Graduating Class, I unreservedly join sentiment with you in esteeming the present time a most important epoch in your existence, and would not, by a single expression of thought, mar the laudable anticipations of your future career, which have, during your student life, possessed your souls, and stimulated you to press onward and upward through three or more years of unceasing labor, until by faithfulness to your tasks you are able to take the position of graduates upon this platform to-night. But, gentlemen, there are many things discovered in the practice of medicine, not found in the theory or taught in the curriculum of the college, that will early beset your pathway and probably contribute much to your discomfort.

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I do not refer to the discomforts of a medical life from any desire to dampen your ardor, nor to pale that pardonable glow of enthusiasm that pervades our nature when near the summit of our ambition, when about to realize the fruition of our hopes, but that you may be the better prepared to meet or avoid some of the unpleasant realities of life in the medical profession.

In the Apocrypha—Ecclesiasticus, second chapter and first verse—you will find written this wise admonition, which ought to be strongly impressed on the mind of every young man who is about to enter upon the practice of medicine: "My son, if thou comest to serve the Lord, prepare thy soul for temptation." Should you inquire why I assume this text, seemingly applicable to all men, to be particularly appropriate to the young physician, I would in answering beg to remind you, gentlemen, that temptation is the fruitful source of much of the physical evil of the present and future world, and that every person, whether wise or foolish, saint or sinner, is more or less subject to its varied influences. It has been asserted that every man has his price,—meaning, I suppose, that all persons are open to temptation. I presume that temptations do beguile the devotees of all the arts and sciences; but with those that surround the pathway of the physician we are familiar, and therefore assume that to serve the Lord and thereby encounter much temptation is the province of the faithful doctor, above all other men.

Heretofore, as medical students, your intercourse with the members of the profession has been of the most pleasant nature. They have met you with a pleasant smile and cordial grasp of the hand, and in parting given you earnest, hope-inspiring words of encouragement: but to-morrow all is changed. Trials will hover around your pathway, temptations will beset you at every step. *We* suddenly discover that our young friend, the medical student of yesterday, has received his degree, and, with his diploma securely in his possession, is let loose by faculty and delegates to become possibly our competitor in business, and, although we may have the advantage of a few years of practical experience, we know, though loath to acknowledge it, that he is more than our equal in the knowledge of late

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ideas and authors. His hand is now clasped in an exceedingly chilly palm, and our word of welcome is an abbreviated grunt as we hurry along, endeavoring to show by our haste how full of business *we* are, hoping yet dreading to catch the sound of a surpressed sigh of mingled reproof and discouragement that half escapes his lips, for we *know* he wonders if business will ever press him into rudeness to his younger brother. Affect no surprise, gentlemen, if even your old preceptor experiences a change of heart and turns a cold shoulder upon you. Be prepared, therefore, to meet with coldness and adversity on the morrow, and fortify your minds with the wise admonition, "My son, if thou comest to serve the Lord, prepare thy soul for temptation."

A physician's opportunities for doing good in a heavenly way are more frequent than any other man's. He it is who pours oil and wine into aching wounds, mental as well as physical, wards off sickness and sorrow from afflicted dwellings. reserves loved ones from the grasp of death, bringing joy in place of sorrow to a wellnigh bereaved family, and through it all finds his greatest reward in the thought that he has been instrumental, by the blessing of God, in bringing relief or comfort to the afflictions of men.

Active benevolence appears to be the principal distinctive property of the good; and I sincerely believe that nearly every young man who dedicates his life to the practice of medicine is sensibly inspired with a spirit of benevolence,—for no one who examines the history of medicine, or contemplates the temporal condition of the profession, would entertain the thought that one would be thus allured by the expectation of riches or fame. These glittering prizes shine only in the very zenith of medicine, and the great majority can hope for little beyond a modest income with which to provide the comforts and necessities of life, leaving the luxuries to be enjoyed by the few. Thus, gentlemen, you will set out in life with no romantic hope other than that of supplying your own wants by attending to the wants of those in affliction.

At the commencement of your career you will likely entertain almost unlimited confidence in the honesty and benevolence of your fellow-men; also, with the animating hope that

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when you have relieved the distress of your patients, their hearts will overflow with gratitude, evinced by a ready fee; but, with your souls prepared for temptation, your sorrow will be less when you learn how often gratitude recedes as health returns. All too soon you will be confounded by every species of dishonesty and falsehood, and even cruelty, of your fellowmen. You will be more than human if you do not soon gradually lose much of your primitive respect for the object of your youthful confidence.

As the physician has frequent opportunities for doing good, so also his opportunities for doing wrong are equally numerous. In whatever portion of our fair land you may locate, you will scarcely find the community that does not blushingly tolerate beings, wearing the human face and form, yet dead to all the noble instincts of humanity,—miserable satyrs, whose only ambition is to gratify their own desires, though they ruin home, happiness, and hope of eternity of their victims. These wretches, well knowing that love of gain is an almost necessary part of the human mind, will directly solicit your aid and advice with offers of lucre large enough to tempt beyond resistence all but the firmest minds. Here, then, gentlemen, I would say, have your souls prepared for temptation, for you stand on the brink of an awful precipice over which you may be insensibly driven and become wrecked for life. Henceforth you will probably never be lacking in opportunity to bestow charity, for the prophetic wisdom of the Saviour was clearly shown in those words spoken nearly two thousand years ago, "The poor always ye have with you," and much of your time will be spent in the habitations of the poor. They will seek your services, the worthy and the unworthy. In administering to the ills of the former, you will take pleasure. Though your fee may not be forthcoming, the unfeigned gratitude and fervent "God bless you" are more pleasant than the clinking of gold. Of the unworthy poor—it will often happen that you have attended a family and also their poor relations for years; you have heartily participated in their joys and sorrows; you have watched, almost fainting yourselves, whole nights at their bedsides, your heart heavy with anxiety for the fate of a wife, husband, parent, or child, and when the cold sweat appeared

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on your patient's brow, mingled your tears with theirs. But soon, alas, one hasty or thoughtless word or act, and all your past kindness and service is forgotten; or let these unworthy people succeed to affluence, and you are unknown by them. Some other physician, who has not known them in their poverty, is sure to be called to treat the now opulent family, particularly if the old one, as is pretty generally the case, remains poor. Prepare your souls for temptation, for if an inquisitive neighbor inquire the reason of their abandonment, they are sure to give you a bad name, and follow up the defamation with their hatred should you presume to ask payment of your long unsettled claims.

One of the most common annoyances of a medical life may be considered the unseasonable calls that people make upon their physician. You have passed through a day of hard labor, and retired with the hope of some refreshing sleep, when you are hurriedly called for the first time to a patient who has been ill for a day, perhaps two, whose door you may have passed more than once in the time, to ride perhaps for miles through mud and storm and darkness, your patrons all the time laboring under the impression that they are doing you a special favor, and wonder much that you murmur and are despondent rather than cheerful at their quiet midnight preference. With your souls prepared for temptations, you may be able to resist the approach of angry passions that contribute more to discomfort of mind than mud and storm and darkness, with loss of sleep. Perhaps now in your irritation of mind and bodily fatigue you will be tempted to seek relief in the stimulating and exhilarating effects of alcohol in some of its alluring forms. Of this, beware! You must resist the first temptation, bearing in mind the assurance that such days and nights will come too frequently in the life of the busy practitioner, who, of all men, has the greatest need of a clear head and steady hand for an emergency unexpected and unheralded. It will sometimes happen, even among your supposed friends, that you are defrauded of praise justly your due. You have labored incessantly at the bedside of a stricken one, and taken time from your much needed rest and refreshment, vainly seeking for something with which to beat back the invisible hand of death; yet, after all your efforts the grim mes-

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senger came, and then, as a reward for your hours of anxiety and toil, you receive the confidential communication from some retailer of the neighborhood news that the family do n't think you understood the case, you changed medicine so often. Or, having conducted with much labor and anxiety a most difficult and dangerous case to a successful termination, you find the cure is imputed to the sly interference of a busy neighbor, or hear it remarked that the patient was not so ill as was supposed—as though death were the only criterion of danger! If you are tempted in self-defence to reply to these insinuations, resist the temptation, gentlemen, lest you have still another imputation to bear—that of self-conceit.

Quackery is ever an odious feature in society, yet it is not wholly intolerable, as it sometimes opens the way to better things. Having existed in former times, it should not now excite surprise, even when, as of late, it comes forward under an imposing and sacred name, nor should we be startled when we see it patronized by the mechanic and merchant, so long as the lawyer and clergyman encourage it by their more influential patronage; but your souls will need to be prepared for temptation when they grudgingly, and after many days of delay, pay you a small fee for advice and medicine, yet cheerfully deposit cash in advance for the Christian Scientist's solitary "think," and with confidence accept the assurance that fifteen or twenty "thinks" will effect a permanent cure of organic disease! You may pity them in their delusion, but do not scorn them when they awake from their delusion and come again to you, as they surely will when in sore distress and suffering.

Gentlemen, to-night closes one epoch in your life's history. In my endeavors to assist in your preparation for that which is to come, I have mentioned a few of the discomforts of a medical life, because, like myself, you will experience them all and many others; but I trust that, unlike myself, you will encounter them with your souls prepared for temptation, and though you may be occasionally wounded by the briers and thorns that infest your professional pathway, do not forget that it will depend greatly upon your mental temperament whether these wounds shall heal kindly, or whether they shall fester and mortify. Many of them have their origin in the ignorance or wicked-

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ness of mankind, very many in our own imprudence, and others in those debilities from which human nature can never be free — the natural propensity to err. "To err is human, to forgive divine." In all your intercourse with mankind, strive earnestly to approach as near Divinity as is possible for erring human nature to do, by calling to your aid such virtures as patience, fortitude, and charity, and be consoled with the fact that in the practice of our art there is found every species of temptation necessary to the formation of a perfect character.

The pleasures and comforts of a medical life I have not mentioned, because they do not enter into the tenor of the present discourse. They are very many, incomprehensible to the laity, almost incredible to ourselves; and so very few of the discomforts are necessary attendants of the profession itself, that I am thoroughly convinced there is no profession, no business or occupation of life, so propitious to virtue and happiness as that of medicine. External comforts are often rather deficient, but the soul prepared for temptation has but few wants, and these will soon find an end.

To-night, gentlemen, you have assembled for the last time as an organized class of medical students. At the rising of to-morrow's sun you will be simply a number of independent men, separating in all directions in pursuit of your life's work, each one for himself, to make or mar his own fortune. You will enter upon no life of ease, but one of constant toil and self-denial. With courage and decision you may each make your life something better than a mere struggle for existence, and, by a proper use of the best energies of body and mind, aid in the improvement of those around you; and departing, leave the world better for having lived in it. In all your actions, be careful to avoid doing anything that will be unworthy of your manhood, or cause your friends to blush for you, or bring disgrace upon your Alma Mater.

With your souls prepared to resist the various temptations of a medical life, you will surmount every obstacle that might otherwise impede your progress upward and onward; and though you may never reach the summit of your ambitious desires, you will go happy and cheerful down the hill of life, to find, as your eyes grow dim and your step falters, rich flowers

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and fruits—the glorious results of a well spent life—springing up to border and embower your pathway; your feeble heart rejoicing in the hope of a glorious immortality, and on earth an honorable grave, now seen in the milder beams of the setting sun; and, though unadorned by any costly monument of marble or any memorial tablet, your last and ripest days will be happier as you wait for rest, conscious that there will remain to your memory this unwritten epitaph, and in your praise it will be often chanted by those who knew and loved you best,—"He lived respected, and died regretted."

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REPORTS OF DISTRICT SOCIETIES.

REPORT OF STRAFFORD DISTRICT SOCIETY.

CHARLES A. FAIRBANKS, M. D., SECRETARY.

The eighty-first annual meeting of the Strafford District Medical Society was held at the American House, Dover, December 19, 1888, Dr. Carl H. Horsch, Dover, president, in the chair. The following members were present:

Dover—Drs. C. H. Horsch, A. G. Fenner, D. T. P. Chamberlin, C. A. Tufts, C. A. Fairbanks, M. C. Lathrop, L. G. Hill, W. P. Watson, P. A. Stackpole, J. R. Ham, R. G. Blanchard, M. B. Sullivan, A. N. Smith, J. H. Wheeler, J. D. O'Doherty. Portsmouth—Dr. J. J. Berry. Milton—Dr. C. D. Jones. East Barrington—Dr. George E. Osgood. North Berwick, Maine—Dr. S. A. Nash. South Berwick, Maine—Drs. C. M. Sleeper, George D. Emerson.

The chairman appointed the following committees:

On Nominations.—Drs. J. R. Ham, D. T. P. Chamberlin, L. G. Hill.

To Select and Assign Topics for 1889.—Drs. R. G. Blanchard, C. D. Jones, S. A. Nash.

On Necrology.—Drs. M. C. Lathrop, W. P. Watson, P. A. Stackpole.

Dr. Hill, chairman of the Council, reported favorably upon the credentials of Drs. Geo. D. Emerson and J. D. O'Doherty. and they were elected members of the Society.

Dr. Ham, for the Committee on Nominations, reported as follows:

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President.—Dr. Charles A. Fairbanks, Dover.

Secretary.—Dr. Roscoe G. Blanchard, Dover.

Treasurer.—Dr. Charles A. Tufts, Dover.

Auditor.—Dr. D. T. P. Chamberlin, Dover.

Orators.—Dr. George D. Emerson, South Berwick, Me.; Dr. Samuel A. Nash, North Berwick, Maine.

Councillors.—Dr. Levi G. Hill, Dover; Dr. John S. Parker, Lebanon, Maine; Dr. John W. Parsons, Portsmouth.

The treasurer, Dr. C. A. Tufts, reported $23.50 in the treasury.

The president, Dr. C. H. Horsch, delivered the annual address, selecting as his topic, "The Necessity of Inspection of Animals Required for Food."

The paper was discussed by Drs. Stackpole, Jones, Hill, Lathrop, and Sullivan.

On motion of Dr. Sullivan, a vote of thanks was extended to Dr. Horsch for his able and entertaining address.

Dr. Jones, of Milton, read an interesting paper, selecting as his subject, "Twenty-three Obstetrical Cases Occurring in My Practice."

The paper was discussed by Drs. Hill, Stackpole, Sullivan, and Lathrop.

Dr. W. P. Watson read an interesting paper, selecting as his topic, "Bright's Disease."

The paper was discussed by Drs. Lathrop, Sullivan, Ham, and Wheeler.

Dr. Blanchard, chairman of the Committee to Select and Assign Topics for 1889, reported as follows:

Nervous Prostration, Dr. P. A. Stackpole.

To report on topics of their own selection,—Dr. C. M. Sleeper, South Berwick, Me.; Dr. M. B. Sullivan, Dover; Dr. F. B. Morrill, North Berwick, Me.; Dr. Geo. E. Osgood, East Barrington.

Adjourned for dinner at 2 o'clock.

The meeting was called together again at 3 o'clock.

The president brought up the question of Dr. Parsons of last year (see records) and reaffirmed the position taken at that time.

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Question discussed by Drs. Hill and P. A. Stackpole.

Dr. Wheeler brought up the disease, pneumonia, for discussion.

He stated that the statistics of to-day show that the present mortality is much greater than in the past, and that the idea seems to be gaining ground among the profession at large that more heroic treatment is needed.

Dr. Wheeler thinks, that so far as his practice is concerned he has no greater mortality than in years previous, and as regards treatment, it should be modified to suit the case.

A general discussion, participated in by every member present, followed, and the opinion of the majority is, that the mortality has not increased in their practice.

Dr. Fenner read report on Necrology, giving a brief history of the members,—Drs. Hall, Parker, and Pray,—who have died during the past year.

Dr. Hill moved that Dr. Fenner prepare suitable resolutions on the death of the above members, and send a copy to the state society for publication, also a copy to each of the respective families.

Passed.

Dr. Lathrop moved that a copy of the resolutions be placed on file. Passed.

Adjourned.

REPORT OF CENTRE DISTRICT MEDICAL SOCIETY.

H. C. CUMMINGS, M. D., SECRETARY.

The report of the four quarterly meetings of this Society, held since the last meeting of the State society, is herewith respectfully submitted.

JULY 10, 1888.—The discussion of the topic "The People *versus* the Physician—Which needs protection?" was participated in by Drs. Cogswell, Graves, Felt, Sanborn, Cook, Rus-

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sell, Conn, and Togus, and brought out some excellent thoughts and ideas.

OCTOBER 9, 1888.—Dr. George Cook read a report on "Hospital Practice." The subject for discussion was, "Pneumonia—Has the type of the disease changed?" in which Drs. Fowler of Bristol, Child of New Hampton, Kimball of Suncook, Weymouth of Andover, Russell of Concord, Cogswell of Warner, Cook of Concord, Currier of Newport, Felt of Hillsborough Bridge, Graves of Boscawen, Powers of Hopkinton, and Sanborn of Franklin, took part.

JANUARY 8, 1889.—Dr. H. C. Holbrook, of Penacook, read an essay on "Catarrhal Disease of the Intestines," and the same was discussed by Drs. Graves, Goodhue of Springfield, Kimball, and others. At 12 o'clock the president, Dr. Child, delivered the annual address, entitled "Use and Abuse of Narcotics," and it was voted that the same be passed over to the State society.

The following officers were elected for 1889:

President—Dr. E. E. Graves, of Boscawen.

Vice-President—Dr. J. H. Sanborn, of Franklin.

Secretary—Dr. H. C. Cummings, of Concord.

Treasurer—Dr. G. M. Kimball, of Concord.

Librarian—Dr. I. A. Watson, of Concord.

Chaplain—Rev. Dan'l C. Roberts, of Concord.

Council—Dr. T. Hiland of Concord, Dr. H. C. Holbrook of Penacook, Dr. Frank Eaton of Weare.

Executive Committee—Dr. G. P. Conn of Concord, Dr. F. A. Stillings of Concord, Dr. L. W. Peabody of Henniker.

The annual banquet was served at 1 o'clock P. M.

APRIL 9, 1889.—The topic for discussion was, "What are the pathological differences between typhoid fever and typhoid pneumonia?" The same was opened by Drs. Currier and Child, and participated in by the members present.

Dr. J. Wallace-Russell read an essay comprising a report of several cases of abdominal surgery.

The attendance at our meetings is good, and a lively interest is manifested. A prominent feature of all our meetings is the

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report of interesting cases occurring in private practice. A committee is also appointed by the chair to examine any patients that may be present; and I feel certain that fully as much pleasure and profit results from these informal talks about actual cases, as from the more formal discussion of assigned topics.

REPORT OF CHESHIRE COUNTY MEDICAL SOCIETY.

IRA J. PROUTY, M. D., SECRETARY.

It is more than thirty years since the last meeting of the Western Branch of the New Hampshire Medical Society was held, and during this time there has been no medical society in the south-western part of our state, although several years ago an attempt was made to form a county society: an organization was effected, but it was a "still birth," for no meeting was ever held afterwards.

The physicians realizing the advantages that come from the interchange of ideas and experiences, and also from meeting in a social way their confrères, a circular was issued signed by five physicians, calling a meeting at the City hotel in Keene, on Tuesday, February 5, 1889. In response to that call eighteen physicians met, and organized the Cheshire County Medical Society, its object being, as stated in the by-laws, "to cultivate a social and friendly feeling among the physicians of the county, and for mutual improvement."

The meetings are to be held monthly, from September to May, inclusive,—the September, January, and April meetings to be held in the day-time, the others in the evening, at the office of some one of the physicians in Keene. The September meeting is the annual.

The officers are as follows:

President—Dr. George B. Twitchell, of Keene.
Vice-President—Dr. J. H. Craig, of Westmoreland.
Secretary and Treasurer—Dr. Ira J. Prouty, of Keene.

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After the election of officers, and dinner, Dr. M. T. Stone, of Troy, read a paper on "Empiricism and Rational Medicine," being suggested by remarks made before the Committee on Medical Legislation of the Massachusetts legislature, by a "quack" of Boston.

The subject of Pneumonia was brought up for discussion, and was participated in by Drs. Twitchell, Dunham, Dinsmoor, Gleason, and Prouty.

The March meeting was held at the Secretary's office. Cases were described by the different members present.

April 18.—The Society met at City hotel—full attendance. Drs. Gray of Hinsdale and Pierce of Winchester joined the Society. Dr. Craig, of Westmoreland, read an able paper, "Pneumonia in Children," which was discussed at length by members.

The topic for discussion was Diphtheria, and short papers were presented by Dr. W. H. Aldrich of Marlborough, "Differential Diagnosis of Pneumonia and Diphtheria," and Dr. F. G. Humiston of East Jaffrey, on "Diagnosis of Diphtheria."

After adjournment for dinner, the reading of papers was resumed,—Dr. Prouty of Keene, on "Medical Treatment of Diphtheria;" Dr. H. K. Faulkner of Keene, "Prevention of the spread of Diphtheria;" Dr. Twitchell of Keene, "Surgical Treatment of Diphtheria." The whole subject was then thrown open for discussion, and nearly every member present gave some experience that he had had with this much dreaded disease.

The May meeting was held at the Secretary's office. Dr. S. M. Dinsmoor, of Keene, read an interesting paper on "Fracture of the Radius." Dr. Prouty related a case of inter-capsular fracture of the femur in a lady seventy years old: good recovery.

If each member will bear his part, and try to add his mite at each meeting, there is no reason why this new branch of the New Hampshire Medical Society should not bear much fruit.

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REPORT OF DELEGATES TO MASSACHUSETTS.

The undersigned, delegates to the Massachusetts Medical Society, were present at the meeting of that honorable body at Mechanics' hall, Huntington avenue, Boston. The meeting was a very pleasant and profitable one. The attendance was large. The papers read were full of interest. Your delegates were received with kindness, and every courtesy shown them.

W. W. WILKINS.
D. M. CURRIER.

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OBITUARIES.

DAVID S. PARKER, M. D.,

Died December 1, 1888, at his residence in Farmington, N. H., aged 75 years, 7 months, and 20 days. He was born in Vermont, graduated at Bowdoin college in 1836, and practised in Farmington more than fifty years. He has been truly a successful and immensely popular physician, having done an amount of business from which a penurious and money-seeking practitioner would have heaped up a large fortune. He has been president of the Strafford District Society, and of the State Medical Society. A circumstance showing his great popularity was his election as a representative to the state legislature in 1864, and his reëlection in 1865, an instance in which a Republican was chosen by a Democratic town. Another evidence of his great popularity was, that he not only did a great business in Dover, but his practice extended into the circumjacent towns, and he held it with great tenacity in spite of his roughness of exterior and the quaintness of his daily intercourse with his fellow-men. He might in truth have been called a unique character, an indescribable man, whose entire make-up was an unsolved enigma. At his funeral the whole town was clad in the habiliments of mourning, and the entire population seemed to be sad and silent mourners at his obsequies. The minister who preached his funeral sermon said that he had known him from his boyhood, and that in spite of his eccentricities and apparent roughness, he was able to speak of him as a man gentle, kind, humane, alms-giving, practising it in an unobtrusive way, and of never sounding a trumpet before him. He spoke of him as a Christian, the purity of whose life was well attested, and as one whose virtues would long be held in remembrance.

A. G. Fenner.

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THOMAS J. W. PRAY, M. D.,

One of Dover's oldest and well known citizens, died at his residence in that city, December 9, 1888, aged 69 years and 3 months. He died of heart disease, complicated with other ailments, with which he had been afflicted for some time. Dr. Pray was born in Lebanon, Me., and was a son of Major Moses and Lydia W. Pray. He remained at home until 17 years old, attending schools in his native town and at North Parsonsfield. He completed his fitting for college at South Berwick academy, and entered the sophomore class at Bowdoin college in 1841, from which he graduated and received the degree of A. M. He studied medicine with Dr. Jewett, of South Berwick, and graduated from Harvard Medical College in the spring of 1848. He then settled in Dover, N. H., where he has always lived. He has been president of the Dover Medical Association, also of the New Hampshire Medical Society. He represented his ward in the state legislature of 1858 and 1859. He was a member of the city government four years, and president of the common council three years during the War of the Rebellion. He was a member of the school committee upwards of twenty years, and always took a deep interest in educational matters. He was a member of the First Church in Dover. He was twice married. His first wife was Sarah E., daughter of John H. Wheeler, to whom were born two sons, John W. and Thomas M. ;—the former is a practising physician in Northwood, the latter was a prominent young lawyer who died a short time ago. In 1870 Dr. Pray married Martha, daughter of Rev. S. S. Mathews, who survives him, and their daughter Mary E. I do not say that Dr. Pray was a universal genius, but I do affirm that he was a many-sided man, whose many brilliant and agreeable characteristics might be further delineated did time permit. He will be greatly missed from our midst, but will be remembered for his good deeds as well as for his many personal excellences.

A. G. FENNER.

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ANNUAL MEETING, 1889.

LIST OF THE FELLOWS

OF THE

NEW HAMPSHIRE MEDICAL SOCIETY.

N. B. The Secretary requests members to examine this list closely and notify him of any corrections to be made, as it is intended to publish the roll of members annually, and it is desirable to make it as accurate as possible. Members allowing themselves to become three years in arrears for dues will find their names dropped from the roll, as it is construed that they no longer desire to remain connected with the society. Members are not entitled to a copy of the Transactions until their dues are paid to the Treasurer. An asterisk (*) indicates a retired member.

Admitted.	Name.	Residence.
1872.	Abbott, A. W.	Laconia.
1882.	Abbott, Edward	Tilton.
1876.	*Abbott, O. D.	Manchester.
1873.	Adams, D. S.	Manchester.
1875.	Adams, Ira H.	Derry Depot.
1884.	Aiken, F. J.	Pittsfield.
1888.	Aldrich, W. H.	Marlborough.
1886.	Allen, Bradford	Nashua.
1878.	Allen, Carl A.	Acworth.
1886.	Allen, George E.	Bradford, Mass.
1876.	Anthoine, I. G.	Antrim.
1871.	Atkinson, W. P.	Eaton.
1882.	Bancroft, Charles P.	Concord.
1858.	Bancroft, J. P.	Concord.
1837.	*Bassett, Thomas	Kingston.
1885.	Bean, J. W.	Lyme.
1873.	*Berry, Ed. S.	Concord.
1886.	Berry, John J.	Portsmouth.
1886.	Blair, A. W.	Dorchester, Mass.

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Admitted.	Name.	Residence.
1878.	Blaisdell, Frank	Goffstown.
1869.	Blaisdell, George C.	Contoocook.
1886.	Blake, Chas. A.	Bridgewater, Mass.
1885.	Blake, W. P.	Farmington.
1889.	Blaylock, Ella	Nashua.
1879.	Boutwell, Henry T.	Manchester.
1883.	Boutwell, Henry W.	Manchester.
1889.	Boynton, O. H.	Lisbon.
1882.	Bridgman, Geo. H.	Elizabeth, N. J.
1888.	Brigham, Frank E.	Salmon Falls.
1869.	Brooks, N. G.	Charlestown.
1865.	Brown, J. Frank	Manchester.
1871.	Brown, J. P.	Taunton, Mass.
1870.	*Burnham, A. C.	Hillsborough Bridge.
1856.	Burnham, Hosea B.	Manchester.
1879.	Buswell, Albert C.	Epping.
1884.	Burns, Robert	Plymouth.
1880.	Butler, Jacob N.	Lempster.
1856.	Carbee, S. P.	Haverhill.
1867.	Carr, E. L.	Pittsfield.
1869.	Carter, W. G.	Concord.
1869.	*Carlton, C. A.	Salem, Mass.
1879.	Carvelle, H. de W.	Manchester.
1874.	Chase, W. D.	Peterborough.
1873.	Chamberlain, D. T. P.	Dover.
1867.	Child, William	New Hampton.
1883.	Chesley, A. P.	Concord.
1884.	Clark, Levi	Loudon Ridge.
1876.	Cogswell, J. R.	Warner.
1865.	Conn, G. P.	Concord.
1869.	Cook, George	Concord.
1877.	Crittenden, R. A.	Haverhill, Mass.
1881.	*Cummings, A. R.	Claremont.
1184.	Cummings, H. C.	Concord.
1845.	*Currie, T. H.	Lebanon.
1882.	Currier, E. H.	Manchester.
1873.	Currier, D. M.	Newport.
1879.	Cutler, John H.	Peterborough.
1873.	Cutter, George I.	West Swanzey.
1878.	Danforth, M. S.	North Weare.
1867.	Davis, James A.	Lebanon.

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Admitted.	Name.	Residence.
1876.	Dearborn, D. S.	Milford.
1854.	Dearborn, S. G.	Nashua.
1869.	Dinsmoor, S. M.	Keene.
1881.	Dinsmore, W. H.	Nashua.
1878.	Dix, M. C.	Hinsdale.
1878.	Dodge, C. M.	Manchester.
1888.	Dodge, Henry	Webster.
1883.	Drake, C. B.	West Lebanon.
1840.	*Eastman, J. C.	Hampstead.
1883.	Eastman, O. D.	Woodsville.
1879.	Emerson, A. L.	Chester.
1880.	Emery, Alfred E.	Penacook.
1889.	Erskine, James B.	Colebrook.
1866.	*Evans, Earl	Winchester.
1878.	Fairbanks, Chas. A.	Dover.
1877.	Felt, M. H.	Hillsborough Bridge.
1857.	*Fenner, A. G.	Dover.
1883.	Fisher, E. C.	Sunapee.
1883.	Fisher, F. P.	Enfield Centre.
1883.	Flanders, Charles F.	Manchester.
1868.	Foster, T. S.	Laconia.
1862.	Fowler, H. B.	Bristol.
1885.	French, Edward	Concord.
1880.	French, Henry M.	Concord.
1865.	*French, Leonard	Manchester.
1875.	French, L. M.	Manchester.
1872.	Frost, Carlton P.	Hanover.
1839.	*Gage, Charles P.	Concord.
1887.	Garland, William R.	Campton Village.
1882.	George, Charles F.	Goffstown.
1881.	Gibson, Charles R.	Woodsville.
1855.	Gould, True M.	Raymond.
1865.	Goodhue, D. P.	Springfield.
1889.	Gorham, George H.	Alstead.
1853.	*Goss, Oliver	Lake Village.
1886.	Goss, O. W.	Lake Village.
1885.	Gould, Chas. R.	Tilton.
1883.	Gove, George S.	Whitefield.
1883.	Grant, L. E.	Great Falls.
1869.	Graves, E. E.	Boscawen.

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Admitted.	Name.	Residence.
1869.	*Graves, F. W.	Woburn, Mass.
	*Graves, L. J.	Claremont.
1887.	Gross, Chas. W.	Milton.
1869.	Ham, J. R.	Dover.
1882.	Hammond, C. B.	Nashua.
1863.	Hanson, C. W.	Northwood Ridge.
1887.	Harmon, M. A.	Ossipee.
1888.	Harriman, A. H.	Laconia.
1880.	Hatch, G. W.	East Wilton.
1888.	Hawkins, F. D.	Meredith.
1887.	Hayes, John A.	Somersworth.
1839.	Hill, L. G.	Dover.
1886.	Hiland, Thomas	Concord.
1888.	Hodsdon, E. W.	Centre Sandwich.
1882.	Hoitt, Geo. C.	Manchester.
1872.	Holbrook, Guy	Colebrook.
1885.	Holbrook, Henry C.	Penacook.
1888.	Holcombe, C. H.	Brookline.
1886	Houghton, E. F.	Claremont.
1864.	How, L. B.	Manchester.
1889.	Humiston, F. G.	Jaffrey.
1882.	Hutchinson, H. S.	Milford.
1881.	Jackson, Joseph A.	Manchester.
1884.	Jarvis, Leonard	Claremont.
1876.	*Jarvis, S. G.	Claremont.
1876.	Jones, D. W.	Portsmouth.
1883.	Jones, F. P.	Mill Village.
1887.	Jones, Fred. W.	New Ipswich.
1883.	Judkins, F. L.	Lynn, Mass.
1884.	Junkins, William O.	Greenland.
1867.	*Kelley, C. K.	Plymouth.
1866.	Kimball, George M.	Concord.
1870.	Kimball, J. R.	Suncook.
1860.	*Kingsbury, C. F.	Lyme.
1882.	Lanouette, Joseph E. A.	Manchester.
1869.	Larabee, G. H.	Suncook.
1876.	Lathrop, M. C.	Dover.
1889.	Leith, Wm. H.	Lancaster.
1885.	Lemaitre, Joseph E.	Manchester.
1884.	Leet, George C.	Canaan Street.

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Admitted.	Name.	Residence.
1885.	Leonard, William S.	Hinsdale.
1887.	Lougee, George W.	Freedom.
1856.	*Lougee, I. W.	Rochester.
1854.	*Manahan, Val.	Enfield.
1873.	Manchester, C. W.	Lebanon.
1887.	Marble, Henry	Gorham.
1882.	Mason, J. E.	Manchester.
1847.	*Mason, W. H. H.	Moultonborough.
1888	McGregor, G. W.	Littleton.
1887.	Megrath, Wm. A.	Loudon.
1888.	Merrill, J. F.	Scytheville.
1885.	Merrow, A. D.	Freedom.
1882.	Mitchell, Ezra, Jr.	Lancaster.
1882.	Morse, Charles A.	Newmarket.
1881.	Moffett, Frank T.	Littleton.
1874.	*Moody, William B.	Franconia.
1880.	Morrill, S. C.	Concord.
1883.	Munsey, G. F.	Greenville.
1880.	*Nelson, D. B.	Laconia.
1887.	Newell, Henry E.	Derry Depot.
1873.	Nichols, C. B.	Sacramento, Cal.
1883.	O'Brien, C. C.	Groveton.
1868	Odell, J. W.	Greenland.
1888.	Osgood, Geo. E.	East Barrington.
1881.	Otis, E. O.	Exeter.
1874.	Palmer, Haven	Plymouth.
1885.	Parker, H. R.	Dover.
1868.	Parsons, John W.	Portsmouth.
1856.	Pattee, Luther	Manchester.
1874.	Patten, J. L.	Washington, D. C.
1850.	*Peabody, L. W.	Henniker.
1879.	Perkins, F. B.	Londonderry.
1889.	Petit, A. Wilfred	Nashua.
1884.	Pettingill, James B.	Amherst.
1853.	*Phillips, B. H.	Suncook.
1869.	*Pike, C. C.	Peabody, Mass.
1877.	Porter, W. B.	Walpole.
1882.	Powers, G. H.	Acworth.
1880.	Pray, J. W.	East Northwood.
1882.	Preston, J. W.	Great Falls.

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Admitted.	Name.	Residence.
1889.	Prichard, Kate E.	Nashua.
1883.	Prouty, Ira J.	Keene.
1889.	Quimby, John Grant	Lake Village.
1884.	Randall, F. D.	Leavitt Hill.
1886.	Raynes, J. B.	Lebanon.
1877.	Richardson, A. P.	Walpole.
1857.	Roberts, S. W.	Wakefield.
1851.	*Robinson, A. H.	Concord.
1887.	Robinson, John F.	Manchester.
1879.	Robinson, J. L.	Manchester.
1878.	Russell, J. Wallace	Concord.
1869.	Russell, M. W.	Concord.
1888.	Saltmarsh, Geo. H.	Lake Village.
1884.	Sanborn, C. A.	Redlands, Cal.
1880.	Sanborn, G. H.	Henniker.
1858.	Sanborn, J. H.	Franklin Falls.
1881.	Sanborn, T. B.	Newport.
1887.	Scott, N. H.	Wolfeborough.
1870.	Scruton, J. E.	Union.
1883.	Sleeper, W. J.	Westford, Mass.
1888.	Smith, A. Noel	Dover.
1888.	Smith, Henry O.	Hudson.
1870.	*Smith, J. Ranlet	Gloucester, Mass.
1885.	Smith, M. F.	Hampton.
1879.	Smith, W. T.	Hanover.
1888.	Spaulding, F. W.	Epping.
1844.	*Stackpole, P. A.	Dover.
1882.	Staples, J. W.	Franklin Falls.
1887.	St. Germain, Joseph P.	Suncook.
1875.	Stillings, F. A.	Concord.
1880.	Stone, M. T.	Troy.
1876.	Sturtevant, C. B.	Manchester.
1885.	Sullivan, James	Manchester.
1841.	*Swett, J. L.	Newport.
1886.	Taft, A. H.	Winchester.
1877.	Tolles, C. W.	Claremont.
1878.	Towne, G. D.	Manchester.
1874.	Tucker, E. M.	Canaan.
1844.	*Twitchell, G. B.	Keene.

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Admitted.	Name.	Residence.
1887.	Underhill, George A.	Nashua.
1887.	Vittum, Stephen	Laconia.
1880.	Wade, E. A.	Salem Depot.
1887.	Wadley, W. K.	Hopkinton.
1878.	Walker, C. R.	Concord.
1886.	Wallace, Ellen A.	Manchester.
1879.	Watson, I. A.	Concord.
1860.	*Waterhouse, William	Barrington.
1887.	Way, Osman B.	Claremont.
	Weaver, C. A.	New Boston.
1882.	Weymouth, G. W.	Grafton.
1845.	*Weymouth, H. A.	Andover.
1877.	Welch, S. N.	Sutton.
1858.	*Wheat, Thomas	Manchester.
1863.	Wheeler, J. H.	Dover.
1853.	Wheeler, John	Pittsfield.
1878.	Wheet, John C.	Bristol.
1872.	Whittier, S. C.	Portsmouth.
1857.	Wilkins, W. W.	Manchester.
1878.	*Wilson, J. W.	Contoocook.
1889.	Woodman, M. S.	West Lebanon.
1883.	Woodward, J. N.	Nashua.
1879.	Young, Leander J.	Haverhill, Mass.

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TRANSACTIONS

OF THE

NEW HAMPSHIRE MEDICAL SOCIETY

AT THE

NINETY-NINTH ANNIVERSARY

HELD AT

CONCORD, JUNE 16 AND 17, 1890.

Concord, N. H.
REPUBLICAN PRESS ASSOCIATION, 22 NORTH MAIN STREET.
1890.

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NEW HAMPSHIRE MEDICAL SOCIETY..

OFFICERS OF THE SOCIETY, 1890–'91.

PRESIDENT.

Dr. LYMAN B. HOW, Manchester.

VICE-PRESIDENT.

Dr. MOSES W. RUSSELL, Concord.

TREASURER.

Dr. DANIEL S. ADAMS, Manchester.

SECRETARY.

Dr. GRANVILLE P. CONN, Concord.

EXECUTIVE COMMITTEE.

Dr. CHARLES R. WALKER, Concord.
Dr. GEORGE D. TOWNE, Manchester.
Dr. JOHN R. KIMBALL, Suncook.

ANNIVERSARY CHAIRMAN.

Dr. WILLIAM T. SMITH, Hanover.

COMMITTEE OF ARRANGEMENTS.

Dr. IRVING A. WATSON, Concord.
Dr. THOMAS HILAND, "
Dr. GEORGE COOK, "
*Dr. HERBERT C. CUMMINGS, Concord.
Dr. GEORGE M. KIMBALL, "

* Deceased.

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COUNCIL.

DR. JAS. H. WHEELER, Dover.
DR. EDWARD FRENCH, Concord.
DR. A. P. RICHARDSON, Walpole.
DR. ELLEN A. WALLACE, Manchester.
DR. EDWARD H. CURRIER, Manchester.
DR. GEO. W. McGREGOR, Littleton.
DR. GEO. C. BLAISDELL, Contoocook.
DR. D. P. GOODHUE, Springfield.
DR. H. DEW. CARVELLE, Manchester.
DR. J. W. PARSONS, Portsmouth.
DR. I. A. WATSON, Concord.
DR. W. T. SMITH, Hanover.
DR. ROBERT BURNS, Plymouth.
DR. C. W. GROSS, Milton Mills.
DR. W. B. PORTER, Walpole.
DR. F. T. MOFFETT, Littleton.
DR. H. C. HOLBROOK, Penacook.
DR. HENRY MARBLE, Gorham.
DR. S. C. WHITTIER, Portsmouth.
DR. C. B. DRAKE, West Lebanon.

CENSORS.

DR. D. S. ADAMS, Manchester.
DR. THOMAS HILAND, Concord.
DR. JOHN W. PARSONS, Portsmouth.
DR. C. B. HAMMOND, Nashua.
DR. GEO. D. TOWNE, Manchester.
DR. IRA J. PROUTY, Keene.
DR. LEONARD JARVIS, Claremont.
DR. J. C. EASTMAN, Hampstead.
DR. C. B. DRAKE, West Lebanon.
DR. M. C. LATHROP, Dover.

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BOARD TO ISSUE LICENSES.

DR. DANIEL S. ADAMS, President.
DR. THOMAS HILAND, Secretary.
DR. JOHN W. PARSONS, Associate.

TRUSTEES.

DR. LEVI G. HILL, Dover, for one year.
DR. JOHN W. PARSONS, Portsmouth, for two years.
DR. WILLIAM T. SMITH, Hanover, for three years.

COMMITTEE ON PUBLICATION.

DR. G. P. CONN, Concord.
DR. D. S. ADAMS, Manchester.

[The Publication Committee desire to have it understood that the publication of any paper does not constitute an endorsement by the society.]

COMMITTEE ON THE HISTORY OF MEDICINE IN NEW HAMPSHIRE.

DR. I. A. WATSON, Concord.
DR. WILLIAM CHILD, New Hampton.
DR. J. W. PARSONS, Portsmouth.
DR. WILLIAM T. SMITH, Hanover.
DR. G. P. CONN, Concord.

All communications intended for this committee should be addressed to the chairman, Dr. Irving A. Watson.

The next annual meeting (Centennial) of the New Hampshire Medical Society will be held in Concord, the third Monday and Tuesday of June, 1891.

All communications intended for the Society should be addressed to the Secretary, G. P. Conn, M. D., Concord, N. H.

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NEW HAMPSHIRE MEDICAL SOCIETY.

PROCEEDINGS

OF THE

NINETY-NINTH ANNIVERSARY,

MONDAY, JUNE 16, 1890.

The President and Fellows of the Society, together with delegates from other societies and invited guests, convened in the hall of the G. A. R., in Concord, at 11 o'clock.

The President, Dr. William Child, of New Hampton, called the meeting to order, and the exercises were opened with prayer by the chaplain, Rev. C. W. Heizer, of Manchester.

PRAYER.

Almighty God, we recognize Thee as the source and fountain of life, whence proceeds all life. We lift our thoughts to Thee as the giver of every good and perfect gift, and we ask the inspiration of Thy Spirit that we may, at this time, read aright Thy truths; that we may understand better Thy laws; that we may comprehend Thy works in the world.

We thank Thee, Almighty God, that Thou has breathed into us the breath of conscious life; we thank Thee for all the favors Thou hast bestowed upon us, and we ask that Thou wilt teach us to use them so as to bring the best and highest good. May we use Thy gifts in this life, in this wonderful world in which we live, so that we may enter into that other life and be like Thyself, free and strong.

We ask Thy blessing upon this society, and we pray Thee to bless its members as they come here to confer one with another. We thank Thee for the glorious advance in knowledge that has been made; we thank Thee for all the wondrous revelations of science; and we pray that as they come into this meeting they may gain new light, new inspiration to search further into Thy truths. Be with them in their daily practice, and may they realize that they are ministers not only to the flesh, but to the

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mind and spirit, and so open to them the great privileges of their profession; and as they grow in years, may they grow in character, in work, and in service to Thee. Amen.

Dr. George Cook, as Chairman of the Committee of Arrangements, reported as follows:

"Some members are a little mistaken, I understand, in regard to the programme, they thinking that the election of officers and the dinner were to be to-day, as has been our usual custom previous to last year. Last year we changed the programme, and have followed practically the same plan for this year. This plan is to have the morning session of the first day open at 11 and adjourn at 1 P. M., the afternoon session not beginning until 3, thus giving plenty of time for those members of the society who may wish to visit the various places of interest; and to-morrow, after the election of officers, we adjourn from here into the banquet hall at 1, where the anniversary banquet will be. This will give those who desire to return to their homes on the afternoon trains an opportunity to do so after the dinner.

"I am requested by the matron of the City Hospital to tender you an invitation to visit that institution, and if any of the members wish to do so, there will be ample time after the adjournment this forenoon. I am also requested by Mr. A. P. Fitch, druggist, to say that you are cordially invited to vist his pharmacy during the session, and he will be pleased to show you his stock of drugs, chemicals, and instruments.

"I will notify the members of the Society who are now present, that, as soon as the Treasurer comes in, if you will pay your annual dues to him, you will be entitled to receive a badge, and that this badge will serve you as an introduction at the exercises, and at the City Hospital and other places where you are invited.

"This evening there will be a reception to the Society at the New Hampshire Asylum for the Insane, and I am requested by Dr. Watson, who has the matter in charge, to say that barges will be run to take you up to the asylum, and also to bring you back when you are ready to return. The full particulars will be given to you later, as I cannot give them now.

"The exhibits are in Phenix hall opposite, on Main street,

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where we have a very fine exhibition, and you are invited to look it over at any time during the meeting."

Dr. C. R. Walker, for the Executive Committee, reported as follows:

Mr. President and Members of the Society:

Perhaps it is no more than due to you that I should make some little explanation as to why there are so many changes in the programme different from the report of last year. I also feel it is due to the committee.

Dr. Wallace, of Manchester, who was to read a paper on "Gynecology," has been prevented by sickness from preparing that paper, and her sister, Dr. Wallace Russell, is to report some cases. Dr. Faulkner has also been kind enough to help us out, by a volunteer paper on the Epidemic at Keene. I received a note from Dr. Sullivan a few days ago saying that his interests in the South were imperative, and he would be unable to read his promised paper on "Surgery." Dr. Cook has volunteered a report of a few cases of surgery in Concord. Dr. Chase of Peterborough will also have some cases to report. Dr. McGregor of Littleton has been sick during the year, and was unable to prepare his paper, as he had hoped to do, and we have filled in by a paper by Prof. Frost on "Ptomaines," and Dr. Conn, of Concord, has volunteered to read a paper on "Railway Hygiene."

The coming year is our centennial year, and the question came before the Executive Committee whether or not the Society might want to make some different arrangement from our ordinary exercises. We should be glad to have the sentiment of the meeting as to whether we shall go outside of our regular routine work. Perhaps that would be a matter that would properly come before the Council; but if any one present has any ideas on the subject, I should be glad to have him express them. I would say that the President and Secretary are *ex officio* members of the Executive Committee.

The President appointed the following committees:

Committee on the Reception of Delegates: Drs. George Cook, Concord; George D. Towne, Manchester; George C. Blaisdell, Contoocook.

Committee to Examine and Report on Patients: Drs. Lyman B. How, Manchester; C. B. Hammond, Nashua; S. P. Carbee, Haverhill; J. J. Berry, Portsmouth; W. T. Smith, Hanover.

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Dr. George Cook.—*Mr. President:* There are two delegates from other societies present to-day,—Dr. Campbell, of Vermont, and Dr. Kemp, of Massachusetts; and I have the pleasure to move that they be invited to take seats and take part in the proceedings.

The President introduced Dr. E. R. Campbell, of Bellows Falls, Vt., who said, in part,—

Mr. President: It gives me great pleasure, as a delegate from the Vermont State Medical Society, to meet you here to-day. I have for a long time been quite well acquainted with many of your members, and some of them are my personal friends; yet I never before have had the pleasure of attending your meetings—a pleasure that may make me a frequent visitor in the future. It looks to me that there are no two state societies whose interests are more identical than those of New Hampshire and Vermont. Both are in the same latitude; we practise among the Green Mountains on the one side and among the White Mountains on the other. Most of us are general practitioners, for we have but few cities where the specialist can thrive. Although but few of our brothers in our small cities can succeed in writing their names on the scroll of renowned specialists, I am not sure but the lives of our older brothers are not in every way worthy of emulation; and I know of no names whose well spent lives are more worthy than those of Crosby of New Hampshire and Gallup of Vermont, and dozens of others that are among us or among those who have passed away to another world. I must say, that for myself I know of no better place to be born in, to live in, and to die in than old New Hampshire and Vermont.

Dr. E. A. Kemp, of Danvers, Mass., was then introduced, and said,—I am very glad to be with you to-day. You have the best wishes of the Massachusetts Medical Society for your prosperity and continued development in medical knowledge. It is a great pleasure to see you all to-day for the first time, for New Hampshire is my native state. I may say again that I am glad to be present, and I trust that I shall receive great benefit from what I may learn from the papers of your society; and I trust that your society will continue prosperous as it ever

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has been, and its principles and knowledge may continue as firm as the hills among which it is.

Subsequently, Dr. B. E. Cotting, of Boston, and Dr. F. W. Graves, of Woburn, Mass., were introduced, and took part in the programme of the society.

The reading of papers was then in order, and an oration by Dr. C. W. Gross, of Milton Mills, was the first on the programme, but the Secretary read a letter from Dr. Gross, stating that he had been and still was too ill to present a paper; and it was

Voted, That the paper of Dr. Gross be read by its title and referred, and that at this time the Society would listen to a report of the meeting of the State Medical Association of Maine.

The delegate, Dr. S. W. Roberts, of Wakefield, made an interesting report, which will be found in its appropriate place.

There still being considerable time before adjournment, Dr. G. P. Conn, of Concord, read a paper on "Railway Hygiene," which was discussed by Dr. J. J. Berry, of Portsmouth; Dr. J. Wallace Russell, of Concord, reported a case of laparotomy for the removal of an "Unilocular Papillomatous Cyst of Left Ovary;" and Dr. A. H. Harriman, of Laconia, reported a case of "Combined Intra and Extra Uterine twin Pregnancy." These papers were discussed by Dr. S. C. Whittier, of Portsmouth, when the Society adjourned until 3:30 o'clock P. M.

AFTERNOON SESSION.

Called to order at 3:30 P. M., President Child in the chair. The reading of papers was resumed, and Prof. C. P. Frost, of Dartmouth Medical College, read an interesting essay on "Ptomaines," which was discussed by Drs. Watson of Concord, and Wheeler and Lathrop of Dover. Dr. George Cook of Concord and Dr. W. D. Chase of Peterborough, reported cases of surgery, which were discussed by Dr. L. G. Hill of Dover, Dr. Allen of Peterborough, and Dr. Conn of Concord.

Dr. H. K. Faulkner, of Keene, reported an epidemic of diphtheria that had occurred in that city, which was discussed by Dr. Prouty of Keene, Dr. Adams of Manchester, Dr. Mc-

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Questen of Nashua, and Dr. S. C. Whittier of Portsmouth. All these papers were accepted and referred, after which the Society adjourned until 8:30 A. M., Tuesday.

MORNING SESSION.

Tuesday, June 17, 1890.

The Society was called to order at 8:30 A. M., the President, Dr. Child, in the chair.

The first business on the programme was the report of the Council, which was read by the secretary.

REPORT OF THE COUNCIL.

CONCORD, Monday evening, June 16, 1890.

The Council met at the hall of the G. A. R., and was called to order by the President at 7:15 P. M.

The roll was called by the Secretary, and the following members answered to their names: Drs. Berry, Stillings, Goodhue, Holbrook, Aldrich, Drake, Wilkins, Wheeler, French, Richardson, McGregor, Blaisdell.

The following substitutes were appointed to act for those absent: Drs. Hill and Stackpole of Dover, Parsons and Whittier of Portsmouth, Cook and Chesley of Concord, Prouty of Keene, and Hammond of Nashua.

The vacancies being filled, the chair declared the Council organized and open for business.

The Secretary then read the following communication, which he had received from Mr. Daniel Hall last September:

DOVER, Sept. 24, 1889.

My Dear Sir: Dr. T. J. W. Pray, of this city, died Dec. 9, 1888. His will contains the following bequest:

"After her [his wife's] decease, I give one thousand dollars to the New Hampshire Medical Society; the income thereof shall be given for the best original essay upon some medical topic; and as soon as may be I desire that said sum shall be put into the hands of a responsible and prudent board of trustees, chosen by the said Society at their annual meeting, and that the successful essay shall be printed in the transactions of the Society."

Dr. Pray's widow is still living, but has waived the provisions of his will, which we suppose accelerates the payment of

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this legacy, and makes it payable at once. I am acting as counsel for the executors, and the estate is nearly ready for distribution.

Will you please inform me who your officers are, whether you have such a board of trustees, and to whom, in your opinion, such a legacy should be paid?

Yours truly,

Dr. G. P. CONN, Secretary, etc. DANIEL HALL.

In answer to that letter, your Secretary reported that at present there was no such board of trustees as was contemplated in that clause of the will, and advised waiting until the next annual meeting, when such a board could be chosen, and the proper persons named to whom this legacy could be paid. This being the first annual meeting of the Society, action should be taken.

Dr. L. G. Hill, of Dover, then read the following resolutions, and moved their adoption:

WHEREAS, Our late ex-President, Dr. T. J. W. Pray, of Dover, having in view the elevation of the standard of medicine in the state, has remembered this Society with a generous contribution to aid in disseminating professional influence by offering an inducement to greater literary labor;—therefore be it

Resolved, That the Executive Committee of the Society be instructed to institute measures necessary to carry out this provision in the will of the late Dr. Pray.

Resolved, That the trustees recommended by the Executive Committee, and elected by the Society, shall be constituted the custodians of the funds of the Society, including the funds in bank at Portsmouth, N. H.; also, they shall annually audit the treasurer's accounts and make a report to the Society at its annual meeting.

Resolved, That the Trustees convey to the family of the late Dr. Pray the thanks of the Society for his munificent gift, which will enable the Society to assist the profession in its work.

Resolved, That the Trustees shall constitute the Committee on Prize Essays, making such rules and regulations governing the same as may be necessary.

These resolutions were carefully considered, and after due deliberation they were unanimously adopted.

(For convenience of reference, the subsequent action of the Society is recorded in this place.)

Subsequently, the Society adopted the recommendations of

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the Council, and the Executive Committee recommended for Trustees, Dr. Levi G. Hill, of Dover, for one year; Dr. John W. Parsons, of Portsmouth, for two years; Dr. William T. Smith, of Hanover, for three years.

This recommendation of the Executive Committee was adopted, and the Trustees organized, and through Dr. Hill as chairman gave, in behalf of the Society, a receipt to the executor's attorney, of which the following is a copy:

DOVER, N. H., July 1, 1890.

Received of John W. Pray and Martha A. Pray, executors of the last will of Dr. Thomas J. W. Pray, late of Dover, N. H., deceased, one thousand dollars, in full payment of a legacy in said will to the New Hampshire Medical Society in the following terms:

"I give one thousand dollars to the New Hampshire Medical Society; the income thereof shall be given for the best original essay upon some medical topic; and as soon as may be I desire that said sum shall be put into the hands of a responsible and prudent Board of Trustees, chosen by the said Society at their annual meeting, and that the successful essay shall be printed in the Transactions of the Society."

The above bequest is hereby accepted in behalf of the Society, and said Society agrees that the conditions shall be observed and the purposes of the testator be carried out.

[Signed] LEVI G. HILL,
[Signed] J. W. PARSONS,
[Signed] WILLIAM T. SMITH,

Trustees appointed by the N. H. Medical Society, according to the desire of said testator, and instructed to use said legacy in conformity to the provisions of said will.

(Report of the Council will now be resumed.)

The Secretary then presented the following invitation from the White River Medical Society:

WEST LEBANON, May 28, 1890.

To G. P. CONN, M. D., *Sec. N. H. Medical Assoc.:*

Dear Doctor:—By vote of the White River Medical Association, the N. H. Medical Association is invited to join us in a union meeting to be held at Hanover, N. H., July 31 and August 1, 1890.

It is expected that the time will be occupied chiefly by spe-

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cialists. The meeting will be similar in character to one held there last summer.

Other societies invited are the Conn. River Medical Association and the White Mountain Medical Association.

Very truly yours,

M. S. WOODMAN, *Sec.*

A motion was made and carried that this invitation be accepted.

The following resolution was presented by the Secretary:

WHEREAS, The supreme court of the state has given an adverse decision on the Medical Practice Act of New Hampshire;—therefore be it

Resolved, That Drs. I. A. Watson, D. S. Adams, and George Cook, in connection with the officers of the Society, be constituted a committee to confer with the legislative committee appointed to revise the statutes, and secure such changes as may be necessary to comply with the decision of the court.

The resolutions were discussed by Dr. D. S. Adams and others, and it was unanimously voted to recommend their adoption.

Dr. Adams, as Treasurer, reported bills against the Society in favor of W. L. Foster, to the amount of $30, for legal services, and it was voted to recommend its being paid; also, the expenses of Dr. Adams in the Bradbury case, to the amount of $32.22.

The Secretary presented a number of applications for membership, which were severally considered, and found to be well vouched for. The following were ascertained to be present, and were recommended to become members. This was accepted by the Society, and on roll-call they were elected.

DUDLEY STOKES, M. D., Goffstown Centre.
C. J. ALLEN, M. D., Peterborough.
HERBERT D. HICKS, M. D., Amherst.
ENOCH Q. MARSTON, M. D., Sandwich.
GEORGE M. DAVIS, M. D., Bedford.
FRANK E. KITTREDGE, M. D., Nashua.
ARTHUR W. SHEA, M. D., Nashua.
N. S. KENISON, M. D., Suncook.
ROSCOE HILL, M. D., Epsom.

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Joseph H. Pitman, M. D., North Conway.
Bertram E. Willey, M. D., Canaan.
Arthur K. Day, M. D., Concord.
H. K. Faulkner, M. D., Keene.
J. B. Hyland, M. D., Keene.
Allen P. Richmond, M. D., Dover.
George H. Gray, M. D., Auburn.

Other applications were considered, but not being present to sign the constitution, their applications will lay over for one year under the rules of the Society.

The applications of Dr. F. D. Randall, of Leavitt's Hill, to be retired on account of having removed from the state, and of Dr. H. B. Fowler, of Bristol, to be placed on the retired list on account of having arrived at the requisite age, were considered, and it was voted to recommend that their requests be granted.

Several members were reported by the Treasurer as being in arrears on dues, and it was voted that unless these dues were paid prior to the publication of the Transactions that their names be dropped from the list of members.

The Treasurer's accounts were discussed, and it was voted to pay the Treasurer twenty-five dollars salary for the year preceding 1887, and that the interest on the money held by him for the Society for that year should accrue to the benefit of the Society.

It was voted that the Executive Committee, in connection with the officers of the Society, arrange the programme for the centennial anniversary in 1891.

On motion of Dr. Hill, of Dover, Dr. Israel T. Dana, of Portland, Me., was elected an honorary member. Adopted.

The following is the report of the Board of Censors, which was submitted by Dr. Thomas Hiland, of Concord:

Concord, N. H., June 16, 1890.

To the Honorable Council New Hampshire Medical Society, Concord, N. H.:

Gentlemen: The Board of Censors of the New Hampshire Medical Society have the honor to report that the following named gentlemen have been granted licenses to practise medicine, surgery, and obstetrics in this state:

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Date.	Name.	Residence.	Graduated from.	Year.	Grantor.
1889.					
June 29	Gillis Stark.....	Manchester.....	Dartmouth	1889	Adams....
July 1	Clifford Elroy Higgins.	Manchester.....	Dartmouth.....	1884	Adams....
July 8	Milton S. Woodman...	W. Lebanon.....	Dartmouth.....	1888	Hiland....
July 10	Fred'k Thos. Lajoie ...	Nashua	Univ. Victoria.....	1889	Adams....
July 29	Allen P. Richmond....	Dover.....	Bellevue, N. Y.....	1889	Adams....
July 30	Chas. Andrew Keegan.	Nashua	Univ. Vt.	1889	Adams....
Aug. 12	J. K. Nilson.....	New York city...	Col. P. and S., N. Y.	1880	Hiland....
Aug. 17	Geo. Henry Gray.....	Auburn	Univ. Vt.....	1888	Adams....
Sept. 24	R. F. Burleigh.....	Rochester.....	Dartmouth.....	1887	Hiland....
Oct. 8	N. S. Kenison.....	Suncook.....	Harvard.....	1889	Hiland....
Nov. 30	J. Geo. P. Fréchette....	Manchester.....	Laval Univ.....	1877	Adams....
Dec. 14	Geo. P. Morgan.....	Dover	Bowdoin	1888	Adams....
Dec. 17	F. H. Burnett.....	Hinsdale.....	Dartmouth.....	1889	Hiland....
1890.					
Feb. 4	Lewis J. Frink.....	Bartlett Centre..	Dartmouth.....	1888	Hiland....
Feb. 28	Cornelius F. Starr.....	Manchester.....	Col. P. and S., N. Y.	1888	Adams....
Apr. 8	F. P. Jones.....	Mill Village.....	Univ. N. Y.....	1877	Adams....
Apr. 18	Joseph Thériault.....	Laconia	Victoria Col.....	1883	Hiland....
June 11	Dudley Lesolt Stokes...	Goffstown Centre	Dartmouth.....	1888	Adams....

Very respectfully, your ob't servant,

T. HILAND, *Sec'y Board of Censors.*

The Secretary submitted the following report of the delegates to Dartmouth Medical College, which was accepted:

G. P. CONN, M. D., SECRETARY OF THE NEW HAMPSHIRE MEDICAL SOCIETY:

SIR: November 25 and 26, 1889, your delegates were present at Hanover, where, in conjunction with Drs. Bailey and Kidder, of the Vermont Medical Society, we assisted in the exercises that were to decide the fate (for this year) of twenty-four men, applicants for the degree of M. D., from old Dartmouth. All had been previously examined in writing by each member of the faculty, and the several papers were before us, upon which, with an oral examination of each candidate, our opinion was founded as to their fitness to begin the practice of medicine, surgery, and mid-wifery. We agreed that four of the applicants be given further time, but twenty got through in very fair shape. We are glad to notice that the standard of requirements for the degree of M. D. is year by year being raised, and in all things the faculty are keeping abreast with the times. The finely appointed and well equipped hospital which will soon be completed will fill a long felt want, and places Dartmouth Medical College a long way ahead in clinical advantages.

Your delegates have to acknowledge the courtesies of members of the faculty present.

E. E. GRAVES, M. D.
GEORGE COOK, M. D.
Delegates from N. H. Medical Society.

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WEST RANDOLPH, VT., April 23, 1890.

TO THE VERMONT MEDICAL SOCIETY:

We, the undersigned, being duly appointed as delegates from the Vermont Medical Society to the Dartmouth Medical College, would report that upon November 25 and 26, 1889, we met at Hanover, N. H., Drs. E. E. Graves and George Cook, of the N. H. Medical Society, and together we examined twenty-four candidates for the degree of M. D. Twenty of these gentlemen met with our approval and received their degree. The majority of the successful candidates showed evidence of thorough training in the exercise of judgment, and seemed to be familiar with text-book and lecture matter. We believe the instruction given by the faculty to be thoroughly practical in all its branches, and that for many reasons this college merits the support of the medical profession at large. It is with pleasure we acknowledge the great courtesy and kindness shown us by the able delegates from N. H., and the members of the faculty who were present.

A. C. BAILEY,
FRED T. KIDDER,
Delegates from Vt. Medical Society.

This closed the report of the Council, all of which was accepted.

The reports of delegates to other state associations were submitted, as well as the reports of district societies, which were accepted.

Dr. Thomas Hiland, of Concord, read an interesting oration on "Medical Men," which was accepted and referred.

The Treasurer submitted the following report, which was accepted:

DR.

June 17.	To cash on hand . . .	$904.19
18.	dues at annual meeting .	176.00
	fees from new members .	45.00
	license fees, T. Hiland . .	22.00
	" D. S. Adams .	6.00
July 5.	To cash from Conn, George H. Shattuck fees, 1888, $5.00, dues $2.00, 1889 . .	7.00
	cash from Conn, Milton S. Woodman, fees, 1889 .	5.00

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July 5.	To dues since last meeting .	$146.00	
	interest from June, 1889, to Oct. 1, 1889 . . .	12.92	
			$1,324.11

Cr.

June 18.	By cash paid Conn, postage, printing, etc. . . .	$56.15	
	cash paid Conn, services as Sec.	50.00	
	" D. S. Adams, services as Treas. . .	25.00	
July 3.	By cash paid Geo. Cook, 7 dinner tickets @ 75 cts. .	5.25	
24.	cash paid John B. Clarke, postal notices, and receipts .	8.00	
Oct. 19.	cash paid F. E. Shurtleff, reporter	15.00	
	" Republican Press Association, printing .	181.40	
June 1, 1890.	Postage to date . . .	6.50	
			$347.30
	Cash on hand . . .		976.81
			$1,324.11

The undersigned Committee to audit the account of the Treasurer have carefully examined the same, and have found it to be correctly cast and properly vouched.

THO'S WHEAT.
GEO. D. TOWNE.

June 10, 1890.

(For the purpose of direct reference, the subsequent report of the Trustees regarding the Bartlett fund is herewith appended:)

Trustees' Report of the Bartlett Fund.

July 21, 1890.

The Trustees report that, in accordance with the vote of the Society, they consulted with the officers of the Portsmouth Savings Bank relative to securing for the Society a duplicate bank-book in consequence of the first book having been lost, and the following bond was executed by them in behalf of the Society, and duly signed by them and the officers:

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(COPY OF THE BOND.)

Know all men by these presents, that we, the New Hampshire Medical Society of New Hampshire, as principal, and L. G. Hill, of Dover, John W. Parsons, of Portsmouth, Wm. T. Smith, of Hanover, Lyman B. How, of Manchester, Moses W. Russell, of Concord, Daniel S. Adams, of Manchester, and Granville P. Conn, of Concord, as sureties, are indebted to the Portsmouth Savings Bank, a corporation duly established and having its place of business in Portsmouth, N. H., in the sum of three thousand dollars, to the payment whereof we jointly and severally bind ourselves and our heirs firmly by these presents.

Sealed with our seals and dated this twenty-first day of July, 1890.

The condition of this obligation is, that whereas the said Portsmouth Savings Bank has issued to the said New Hampshire Medical Society a bank book numbered "B 5,632," and whereas said book has been lost or mislaid, and whereas said Portsmouth Savings Bank is willing to issue a book to the Trustees of the New Hampshire Medical Society in place of the above lost or mislaid book. Now, therefore, if the said New Hampshire Medical Society shall save the said Portsmouth Savings Bank, its successors and assigns, forever harmless from all loss, cost, or damage occasioned by such issue of a book to the trustees of the New Hampshire Medical Society, then this obligation shall be void, otherwise in full force and virtue.

In presence of

GEORGE W. BENN.	[Signed]	L. G. HILL.
JAMES L. PARKER.		JOHN W. PARSONS.
L. B. DOWNING.		WM. T. SMITH.
LEONARD FRENCH.		L. B. HOW.
H. C. CUMMINGS.		M. W. RUSSELL.
THOMAS WHEAT.		DANIEL S. ADAMS.
G. M. KIMBALL.		G. P. CONN.

Dr. Parsons reports that the new book is duly numbered "B 21,110", and the amount $1,941.41; also that as the New Hampshire Medical Society is the principal, and the Trustees and Officers are the sureties in the bond, it became necessary for some one to sign for the New Hampshire Medical Society, which the bank was willing he (Dr. Parsons) should do as Trustee. So that above the names of the sureties are these words:

New Hampshire Medical Society, by
John W. Parsons, Trustee.

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At 11 o'clock it was voted to proceed in the election of officers, with the following result:

PRESIDENT.

LYMAN B. HOW, M. D., Manchester.

VICE-PRESIDENT.

MOSES W. RUSSELL, M. D., Concord.

TREASURER.

DANIEL S. ADAMS, M. D., Manchester.

SECRETARY.

GRANVILLE P. CONN, M. D., Concord.

EXECUTIVE COMMITTEE.

DR. CHARLES R. WALKER, Concord.
DR. GEORGE D. TOWNE, Manchester.
DR. JOHN R. KIMBALL, Suncook.

Dr. George D. Towne, for the Executive Committee, reported the following appointments, which were unanimously confirmed.

ANNIVERSARY CHAIRMAN.

PROF. WILLIAM T. SMITH, Hanover.

DELEGATES TO DARTMOUTH MEDICAL COLLEGE.

DR. GEORGE COOK, Concord.
DR. C. B. HAMMOND, Nashua.

COMMITTEE OF ARRANGEMENTS.

DR. I. A. WATSON, Concord.
DR. THOMAS HILAND, Concord.
DR. GEORGE COOK, Concord.
DR. H. C. CUMMINGS, Concord.
DR. GEO. M. KIMBALL, Concord.

COUNCIL.

DR. JAMES H. WHEELER, Dover.
DR. EDWARD FRENCH, Concord.

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Dr. A. P. RICHARDSON, Walpole.
Dr. ELLEN A. WALLACE, Manchester.
Dr. EDWARD H. CURRIER, Manchester.
Dr. GEORGE W. McGREGOR, Littleton.
Dr. GEORGE C. BLAISDELL, Contoocook.
Dr. D. P. GOODHUE, Springfield.
Dr. H. deW. CARVELLE, Manchester.
Dr. JOHN W. PARSONS, Portsmouth.
Dr. I. A. WATSON, Concord.
Dr. W. T. SMITH, Hanover.
Dr. ROBERT BURNS, Plymouth.
Dr. C. W. GROSS, Milton Mills.
Dr. W. B. PORTER, Walpole.
Dr. F. T. MOFFETT, Littleton.
Dr. H. C. HOLBROOK, Penacook.
Dr. HENRY MARBLE, Gorham.
Dr. C. B. DRAKE, West Lebanon.
Dr. S. C. WHITTIER, Portsmouth.

CENSORS.

Dr. D. S. ADAMS, Manchester.
Dr. THOMAS HILAND, Concord.
Dr. J. W. PARSONS, Portsmouth.
Dr. C. B. HAMMOND, Nashua.
Dr. C. B. DRAKE, West Lebanon.
Dr. GEO. D. TOWNE, Manchester.
Dr. LEONARD JARVIS, Claremont.
Dr. J. C. EASTMAN, Hampstead.
Dr. I. J. PROUTY, Keene.
Dr. M. C. LATHROP, Dover.

DELEGATES.

Maine—STEPHEN VITTUM, M. D., Laconia.
P. A. STACKPOLE, M. D., Dover.
Vermont—S. N. WELCH, M. D., Sutton.
H. A. WEYMOUTH, M. D., Andover.
Massachusetts—J. W. STAPLES, M. D., Franklin Falls.
C. P. BANCROFT, M. D., Concord.

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Rhode Island—THOS. B. SANBORN, M. D., Newport.
J. W. PRESTON, M. D., Great Falls.
Connecticut—J. W. ODELL, M. D., Greenland.
W. A. MEGRATH, Loudon.

American Medical Association.— *Voted*, That the Executive Committee and the Secretary fill our delegation from such members as shall volunteer to represent the Society.

N. B. The next annnal meeting of the American Medical Association will occur in May, 1891, and will be held in Washington, D. C. Applications for the position of delegate can be forwarded to the Secretary at any time.

Programme of the next annual meeting:

ORATORS.

DR. EDWARD FRENCH, Concord.
DR. A. P. RICHARDSON, Walpole.

SUBSTITUTES.

DR. H. DEW. CARVELLE, Manchester.
DR. D. P. GOODHUE, Springfield.

REPORTS.

Medicine—DR. I. A. WATSON, Concord.
Gynecology—DR. ELLEN A. WALLACE, Manchester.
Surgery—DR. JOHN W. PARSONS, Portsmouth.
Necrology—DR. J. J. BERRY, Portsmouth.

TRUSTEES.

DR. LEVI G. HILL, Dover, for one year.
DR. JOHN W. PARSONS, Portsmouth, for two years.
DR. WILLIAM T. SMITH, Hanover, for three years.

The committee recommended that the next annual meeting be held in Concord, the third Monday and Tuesday in June, 1891. Adopted.

On motion of Dr. Hill, the thanks of the Society were returned to the officers of the Asylum and the Commissioners of Lunacy for the reception, and on motion of Dr. Wilkins it was

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voted that the salary of the Secretary be fifty dollars, and that of the Treasurer be twenty-five dollars for the past year.

At 12 o'clock the President elect, Dr. Lyman B. How, of Manchester, took the chair, and President Child delivered an able and interesting address, which was referred for publication.

The Society then adjourned to the banquet hall, where members and invited guests were admirably served. Music was furnished by Blaisdell's orchestra, and after full satisfaction to Caterer Camp's collation, the anniversary chairman, Dr. Thomas Hiland, of Concord, introduced the post-prandial exercises, of which the following is a brief report:

Dr. Hiland opened the exercises as follows:

Fellows of the New Hampshire Medical Society: Better than the sparkling wine of Champagne is the inspiration of your presence at this festive board, honored by so many distinguished names, blessed by an inheritance of centuries of knowledge more precious than gold.

How seldom are legacies appreciated! The son makes a mistake when he thinks the property of his father belongs to him by right; rather should he feel honored if the trust is left to him. So ought we to feel the responsibility of caring for the wealth of medical knowledge left us by our honored fathers, and see that it is not buried and lost, but used, added to, and transmitted to our descendants. The work of this Society preserved in its published records will be handed down the ages, and we shall speak to the medical profession when our names and places are known no more, if these records contain valuable facts, the refined gold.

Every book in our libraries is a living author, speaking to us and for us, and I cannot help noting the books in every home and thus noting who are the friends of the family.

The object of this Society and of its meetings is not for the purpose of organizing a strike, but for education alone, that we may be of more use to those who seek our advice.

Each one freely gives his experience for the benefit of others; each one desires his ideas and his work criticised. The Society receives all honest physicians and surgeons. True physicians

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cannot be confined to the narrow limits of any pathy or isms: they must learn from every source, and use every means to do good. Too prone are we to limit the field of vision and see only disease, its cause, symptoms, and treatment, while the truth is there are other things in this world, and important ones, too.

The statesman rises above trades and professions, with knowledge and wisdom guides and controls our nation into paths of peace and prosperity, and thus benefits all. Law-makers should be far-sighted and diligent to weigh how many interests are affected by every proposed law and amendment, how fraught with good or with evil, and he who executes the laws should be blind to party, to wealth, to influence.

This seat should be occupied by the most honored in the Society, its president, but no matter what seat he drops into, he is always asked to come up higher, honors every position, cheers and instructs. He is an able advocate, and if I were in a bad scrape I would retain him; he is a diplomatist, and no doubt he could make England think it to her advantage to give us exclusive control of the great Alaska sea, with its straits forty to one hundred miles wide; he is a spiritual adviser, who believes in good works and deeds right here, a physician whose advice we all seek, the peer of the noblest and best, Dr. William Child.

Dr. Child.—My head has been so full of other matters that I had forgotten the request of your chairman to make a few feeble remarks to "The New Hampshire Medical Society." My text will be the ideas advanced by Dr. Wilkins to-day, viz., that the young men of the Society should be brought forward more actively. I fully agree to that.

We should consider our Society's past, present, and future, and so balance all its forces as to advance its influences to the greatest possibilities, both for its own good and for the good of our people.

I became a member twenty-two years ago. With high respect, almost awe, I entered the hall to see such men as the Crosbys, Peaslee, Hill, Eastman, Stackpole, Twitchell, Knight, Fowler, and others whose names I do not now recall. Many

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of those gentlemen are not at this table. Perhaps their spirits hover over us. In any event their influences are surely with us. Of course, Dr. Wilkins did not wish us to understand that the past of our Society had not been noble. I respected and admired those who have passed over. I respect those elder ones who remain. I considered those men then, and consider those left, as being the main wheels and the motive power of our Society. When such men stand forward in any association, it means great progress, true advancement; it means grace, dignity, industry, labor, unselfish toil. We remember the grace and dignity of the elder Crosby; the genial presence of the younger Crosby, from Manchester; the practical knowledge, the earnest scholarship, the happy and taking manner, the genius, and the gentle spirit of the four Crosbys, from Hanover; the ripe and exact scholarship and the gentlemanly bearing of Prof. Peaslee. Their faces cheer us no more. But we are going forward to-day influenced by their spirit and example. The past of our Society lives in its present, and will continue into its future. Many are old men, but they are the ones who have sustained our society. It is not best nor just that their influence should be dropped by young men taking their places. This large class (the elders) are practical men, who are wide-awake to our interests, the interests of the profession, and of the people; and who keep abreast of the ideas of modern times. They are the very men to restrain possible nonsense. We must not part with them until they fall by Heaven's decree. I hope they will fall in full harness.

As I look about these tables on these young men, and think of those we have in our state, I know we have men better educated in medicine and surgery than ever before, and they are the men who are to advance our Society. But we must not put them all together in the advance and say, "*Go it, boys!*" We want the society balanced up by an even distribution of the wishes and the work of the Society. If again called upon to read a paper or make a formal speech, I should give my ideas upon how to manage a medical society. In the first place, if a man is appointed to a certain duty, he ought to perform that duty in spite of everything except death and severe disease. We have a whole year in which to write a paper. The greatest

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drawback there *has been* to this society, and is to-day, is the fact that quite a percentage of the persons who are to present papers are not here. We had good papers in their places: that was all right, to be sure: but there is nothing that operates so nicely as to have the machine go well, every wheel in its place and the oil on, and a good man at the head of it to steer it, and then it will run along smoothly from Monday morning until these noon-time exercises. I have felt all through this meeting just that slight restraint upon the Society caused by the machine's not being exactly in order. It is better not to be too extreme, although I know when I make a speech I am apt to take one side or the other and hang to it; but never mind that: when we get let down we generally mean all right.

There should be a man at every meeting appointed from this younger class. I don't believe in taking a man right out of school. He is not a man: he is a student; he is a child; he will reflect the light of his medical teacher as a child does the character of the natural father. If I were Dr. Frost's student, I should think as he thought, because for three years I had become tinctured with his peculiar ideas. But we do not care what Dr. Frost thinks when expressed by his student. But we do want Dr. Frost's ideas thoroughly digested by some years of thought, experience, labor, and investigation of those who once were his students. Dr. Peaslee was the best representative of the grand scholar in America. In my opinion his equal was never in New England. Yet we should not say that diseases are inherited because he emphatically taught thus, unless we think so.

Then I say, Put the young men of some experience forward. And I say emphatically, Take the young men that have an ambition. I once heard a sermon, in which the speaker stated that a Christian association without an ambition was not worth a cent; and he proved it, too. Then do not put a man on your programme unless you know that he has an ambition to have the best paper he can write, and will devote a whole year to its development. I know it is difficult to get into the midst of a good point and then be called away for a two days' obstetrical siege, and then return to your paper with mind wearied and nervous system shaking. Yet only thus can we have our best

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work. Then take the men who you know have an ambition for the best honors and wish for them, not on account of old age, wealth, influence, or locality. Have them win their honors by the hard work they perform in and for the society. Our good secretary is pretty apt to strike the right man. But sometimes he and the executive committee make a mistake, not knowing the men. The mistake is in selecting indolent or careless men: all are able enough if they work. I would put on a man but once in four years. Then I would urge him to his very best work. Then, respecting the middle-aged class, there are many here that I have wished to have brought out; but their diffidence, modesty, and preoccupation have prevented. Nevertheless we need all our forces developed in order that we may produce best results.

Now these older men: We want to use the influence, experience, and good sense of these gray-haired men. I think the greatest mistake that the society ever made was when they adopted the by-law that men when they got to be sixty years of age should retire. Why, look at these men: I do not know but some of them are one hundred and twenty years old, and they are the widest awake men we have. Why, there is Dr. Hill: we cannot run a meeting after he is dead and gone, and yet we have got to pass him off to retirement at some of these meetings. Then there are other men whose names it would be useless for me to give, and I cannot spend time or breath,—and my breath is running pretty fast just now. Without any fun about this thing, we want these older men: they are the life of the society.

The working together of all of these three classes will advance this society in the next century so that it will be the best society in New England. I heard a minister from Boston, after he had been in the legislature here one time, make this remark: he said he never before could understand why New Hampshire regiments [this is not against Massachusetts, because Massachusetts is but an outside work-shop of New Hampshire, and all our best men go down there] could fight so well. Said I (he was Rev. Dr. Gordon, of Boston), "What do you mean?"

"Well," said he, "I went in, and every man in that legislature, in five minutes after it was opened, was ready for a

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fight." That is just New Hampshire,—its people always ready for a fight. And he said, "No wonder the New Hampshire regiments were good fighters all the way through the war."

That is their character, for some reason or other,—I don't know what. They do n't inherit it from their fathers. [Laughter.] They get it from the grand mountains, the lakes, and the rivers, and from the good air and pure water of New Hampshire. That is just why the men of New Hampshire, everywhere they are, make an impression. [Applause.] Therefore I hope our visiting delegates will forgive our little battle to-day. We mean no harm.

CHAIRMAN.—When we were boys how high were our aims and ambitions! We were to mount to the pinnacle of fame. A little later, riches dazzled the undeveloped reason: with their attainment the goal would be won. A little later, when better fitted for life's work, the question arose again, What is man's noblest work? Riches had lost their exaggerated worth; some of the noblest stations were unattainable, and subsistence had to be provided. Should it be to tear down, or to build up? We survey the beginnings of life so quickly ended, the little happiness enjoyed, the bickerings and unpleasant words and actions, pain and anxiety, homes,—places for fault-finding, where all the smiles and cheery tones are reserved for people outside of them,—sickness, want, indolence, and degradation. The answer unavoidably comes, Assisting the needy, cheering weary souls, elevating the tone of society, bettering the human race.

How best to do this requires wisdom, tact, and a love for the work that overcomes all disappointments. We are honored with the presence of one who has won renown in his every walk of life, who is a blessing to the community in which he lives, one whose silent work is best known to the physician and to the recipients of his bounty. He has earned the proud title of philanthropist, and to him would I leave the answer to my query, What is man's noblest work? and introduce to you our honored chaplain, Rev. Mr. Heizer, of Manchester.

CHAPLAIN.—*Mr. President and Gentlemen:* I rise with some trepidation. If I were to allow one of these physicians here to examine my pulse at this moment, he would say that

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it was beating too rapidly. This is an unfamiliar experience to me. Not that I am unfamiliar with audiences—not that. Under certain circumstances I might rise without any quickened pulse; but it is an unusual thing for one minister to be placed over against so many physicians. It is such a rare thing for a minister to be allowed to preach to the doctors, that he does not get used to the experience. When I look around my congregation Sunday mornings, and see one or two physicians there, I am delighted,—amazed, indeed; and when, on some special occasion, I see more than that, I think there must be some epidemic in the congregation, and that they are there for some great and private reasons. Had I known what I do now, that your chairman was to use a manuscript, I think I should have availed myself of that privilege, and brought with me a sermon which, I think, is fitted to this occasion. I suppose every minister has some things that he keeps back, hoping that some time he can use them; but I had no idea that I could use a manuscript, and so I did not bring it.

You know there is one text that is peculiarly adapted to this occasion,—"Simon's wife's mother lay sick of a fever," etc. How delighted you would be to have me speak on that to-day! I think I could give you something as original as Dr. Child did this morning. However, if I had prepared a speech, as I could have done, and brought it here, I might have had the same experience with it that I had one time at the Reform School in Manchester. We have such an institution down there. There are 125 or 130 boys and girls in it, and we ministers have to go there regularly to preach to them. One day it occurred to me that I had never spoken to them about the Prodigal Son, and I thought it was my duty to do so. Of course, you men that go to church once in a while have found out that every minister has his own peculiar interpretation of that parable; every one thinks that he has some peculiar experience in connection with it that ought to be given out to the world. Well, I have, and so I prepared myself one day to talk to those children about the Prodigal Son, and I went there with a prepared speech. It was not exactly in manuscript form, but it was all prepared and ready. I sat down with the gentleman who has charge there and his wife, waiting for the boys to assemble, and just

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as we were going in, the gentleman said to me,—"If I were in your place I would not talk to the boys about the Prodigal Son to-day, because the last three men that have been here have taken him for the text." You can imagine the absolute and utter state of collapse that I was in. I was on my way to the desk, and was advised that I was not to say anything about the Prodigal Son; so I had to depart from that, and as I cast about in my mind what I should say to those children, it seemed to me very difficult to decide upon anything. I might have talked to them about the widow's mite, but the little rascals, if I had told them where it was, would go and steal it. I might have told them the story of Joseph and the slavery of the Jews, but it would not do to tell them anything about that, because they already knew so much about it. Well, I worried through that day as best I could. So, profiting by this experience, I decided when I came up here that I would do as Charles Dudley Warner did. He says that he went out hunting once for small game—birds, squirrels, and rabbits—and as he returned home through an open field, what should appear before him but a bear. He was not prepared for that kind of game. He reflected how he should fire. The thing that troubled him was, where to fire. He had never studied the anatomy of the bear, and he did not know where to locate the heart, the brains, or any vital spot, and so he finally said to himself,—"Well, I will fire generally at the bear." And so, gentlemen, you will observe that I am firing generally at you to-day,—*all due*, I doubt not, to the fact that I have had so little opportunity to study the spiritual anatomy of the physician.

Then there is another cause of embarassment. I am conscious that at this moment, as I stand here, a hundred men are diagnosing my case;—that Professor Frost out there is undoubtedly saying, That man is the victim of ptomaines; that Dr. Child is probably saying, It was not transmitted. I have no doubt he is looking back through twenty generations of my ancestors, trying to trace the line. If he will only do that successfully, and trace it far enough back, he will do a great work for the theologist.

But still it does delight me to be here, and in all of the proceedings—the papers and discussions that I have listened to—

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there has been something exceedingly familiar. I had no idea that it would be so, and it teaches me that we are all working along in the same lines. When we ministers come together to consider the questions that come up in our line of work, we very frequently consider the same questions that you have been considering to-day. It is the origin of things; it is the operation of things; it is their growth;—and so in our discussions and in our work we are following lines of thought parallel with yours. This teaches me one thing,—we are all working together; we are all working toward the same ends. It reminds me, too, of that one great fact, which we never should forget, that the Divine Man was not only a teacher but a healer of men; that his work was to minister, not only to the intellect, not only to the higher life of the men among whom he lived, but his work was to heal them from all the lower and more distressing conditions of physical life, and to lead them from these lower things to nobler and higher conceptions of life and duty.

And now, Mr. Chairman, I shall not detain you except long enough to thank you and the gentlemen who have invited me to be chaplain of this occasion, to express to you the great pleasure I have had in being here, and to hope that these meetings will continue long and with profit to you all. [Applause.]

CHAIRMAN.—To excel in any calling there must be an enthusiasm, a determination to succeed, and our cold, bracing climate has much to do with it, for no one can work successfully where there is a constant temperature of over 80°. Our system of government makes every useful calling respectable, but there are some whose influence is so far-reaching and enduring that we instinctively pay homage to the laborers, and highest would I place the person who devotes his energies to teaching our future men not only science and literature, but, above all, truth, justice, and honor. I will introduce Prof. Frost.

PROF. FROST.—I thank you for the sentiment. I supposed it was proper to give a man some notice, at any rate, that he might do as Artemus Ward did—hire a man to give him an impromptu serenade. Not having expected to be called upon at all, I must say that for once I have not had a week in which to get up impromptu remarks.

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I should like to say just a word in regard to medical education. We propose at Dartmouth to keep right along in the procession of advancement just as rapidly as we can be backed up by the profession of the state. We do not wish to get away from the profession. We want you to feel that we are a part of the profession. The school, you know, was established about the same time this medical society was started, and the professors in the school have usually been active men in the society, and, of course, graduates of the school are very largely members of the society.

After this year, we propose to add to the requirements of graduation another course of lectures, so that we shall have three courses instead of the two which have been required from time immemorial to the present. From the success which has attended our work during the past year, as represented by the numbers present during the recitation term, that is, the term between the course of lectures,—this year we have had a larger number than ever before, some forty, which, as compared with the numbers that are present during the lecture courses, gives a pretty favorable result,—we hope to see our way clear before very long, if we have the backing of the profession to help us, to lay out a course which shall keep the school in session, in full active operation for doing the very best work, nine months in the year, so that young men wishing to go to this institution can go right along with their medical studies just as the students in the other departments of the college go along with their studies.

We are now erecting a hospital which we believe will be a model of its kind. We are to erect it just as good as we know how, without regard to expense. It is not very often we have an opportunity to put up a building and not be asked to consider the expense. It is to be built so as to meet the requirements, so far as the best of us know how to build it, and I have employed for that purpose a man who has given as much attention to the construction of hospitals, perhaps, as any man in the country,—Dr. Coles, of Somerville, Mass.,—who has spent a long time in the construction of city hospitals, and who is known in this country and in Europe as authority on hospital construction. We hope we shall be able in the course of a year to

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show you a building which will be something to be admired. By the means of this hospital we hope to add something to the opportunities for instruction, something which has been wanting at Dartmouth in all these years, that is, an opportunity for more clinical instruction, to come in its proper place and in its proper way. We propose, however, to keep on in the line which I believe we are best calculated to follow, and that is, to lay good foundations for a thorough medical education, to teach the fundamental facts which underlie all medical knowledge.

MEMBER.—How is that hospital to be supported?

PROF. FROST.—I suppose those who come to the hospital and are able to do so will pay for what they get. It is built as a memorial hospital to the wife of Prof. Hitchcock, who is constructing it, and we also expect to have an opportunity to have memorials established there for other persons. People who have friends that have died, and who have money, may wish to endow beds. We already have the promise of several. I know of money that is left in wills, some of which we are to have, as soon asthe hospital is built, to endow certain beds. In that way we hope to get a considerable endowment. We have no fears at all in regard to the support of the hospital.

CHAIRMAN. We rejoice that the medical association of the old Bay State, the alma mater of the medical societies of all New England, has sent us a representative delegation. The city and the town have contributed to our pleasure. Years ago our society, in its wise deliberations, made one of the delegates with us to-day an honorary member, whom our Fellows always delight to hear, and I take great pleasure in introducing Dr. Benjamin E. Cotting, of Boston.

DR. B. E. COTTING, an ex-president of the Massachusetts Medical Society, and an honorary member of this (New Hampshire) medical society, in answer to the president's call, after cleverly indicating, by a humorous anecdote, that his words would come from the heart, however hesitatingly or ineffectively uttered, said that an incident at another state society which

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he had recently visited recalled to him a casual sentence read many years ago by him in one of Hawthorne's Scrap Books. The sentence appeared merely interjectional, without preface or subsequent explanation, but it seemed to him a full story of the daily routine of the medical man's professional life: "Met a doctor struggling up the rough, steep, narrow mountain pass, with his medicine-bag,—at nightfall" (quoted from memory). As the traveller is hastening downward to places of safety, shelter, and repose for himself, he meets the medical man struggling upward into exposures and dangers, increasing tenfold in the coming darkness, to carry aid and comfort to an unknown mortal, suffering in the dreariness of the solitudes above. The calling he has adopted will not allow him to hesitate, whatever the toil or the danger before him, be it on a mountain side or in a city's slums. As a doctor, the duty to save or to aid is imperative; thoughts of self, or of earthly rewards, must not intrude themselves—no, not for an instant.

Thus it has been, and thus it always will be. I have with me, he said, a little proof in confirmation. To-day is the 17th of June, the anniversary of the battle of Bunker Hill, one hundred and fifteen years ago. I hold in my hand a bill rendered by Edward Augustus Holyoke, of Salem, first president of the Massachusetts Medical Society, against the colony of Massachusetts Bay, for medicine and attendance on soldiers at the battles of Lexington and Bunker Hill, and in regiments quartered near by, the whole amounting to fifteen pounds, fourteen shillings, and four pence. He did this work, regardless of risks fully known to him, for Dr. Holyoke was a loyalist, and, as such, was very uncertain of his own personal safety. It was said that the women with whom he had professional engagements prevented him from receiving actual violence at the hands of the patriots, as many others had, who, like him, entertained unpopular opinions. This self-forgetting work was never paid for!

Dr. Holyoke lived at a time of heavy dosing. Among the papers I have here is a bill for medicines he had received from London. The physician in those days had to keep a small apothecary shop for himself. There are on this bill drugs in considerable amount for a country doctor,—opium two pounds,

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senna four pounds, quassia four pounds, and many of such heavy drugs and roots; but, as an apothecary to whom I showed it pointed out to me, there is no calomel mentioned. I do not know whether calomel was much used in 1775 or not, in general practice. It was discovered, or prepared, about three hundred years ago; it was largely prescribed for fevers, especially in tropical regions. About the end of the last century, or the beginning of this, it came into popular use for all diseases. Its employment was on the wane, indeed much inveighed against, when I came into the practice of medicine. Except in cases of a specific character, the treatment of which I always avoided as much as possible, I do not think that in general practice I have ever used an ounce of calomel all told.

I recently asked a venerable friend if he could tell me when the treatment by calomel culminated. He could not; but he told me an interesting story of a wonderful cure with this drug that his father had experienced in his practice. He was called to see a man who then recently had lost his wife. The bereaved man was in the depths of affliction and despair, sobbing and lamenting desperately, broken down by his great loss, having no appetite, being sleepless of nights, etc., etc. The doctor, who always gave three or four times as much as any other practitioner of his time, gave him a drachm of calomel. He heard no more from the patient until two or three weeks later, when he appeared at the doctor's office with a new wife, wearing the jewels and other ornaments of the first one. This, he thought, might be called a remarkable cure.

This brings to my mind the difference between the old practice and the new. I went the other day into several large apothecary shops, and asked how often the old-fashioned recipes came in nowadays. I was told, "Very seldom indeed;" that formerly the recipes called for they knew not how many scores of drugs that are rarely ordered now, although, being in the pharmacopœia, it was necessary to have most of them on the shelves. One old apothecary once told me that when he entered the business they would put in for a year two hogsheads of tincture of bark, while at the present time a single two-quart demijohn would be sufficient. To be sure, we have quinine now. It is given for everything, and does a vast deal of injury. Three million

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ounces of quinine were consumed last year in the United States. In all my practice I have given very little of it. It has occasionally appeared in my prescriptions, but in very diminutive quantities: *nominis umbra* in medication is often as useful as substance, and certainly less injurious.

Here is a pocket case which was made for me fifty-five years ago. It then contained ten good sized bottles, but I soon eliminated five of them. It has also pockets to carry papers, odd drugs, etc. I used this constantly during my first twenty or twenty-five years of practice, but for the last twenty-five years I have carried with me only a little metallic cylindrical box [showing it], two inches long and a quarter of an inch in diameter, and found it sufficient for the medicines needed in "emergencies." So the apothecaries tell me that the *old* medicines are now very rarely used, but, instead, the *new* ones,—the "*vile* poisons," as one emphatically called them.

It seems to me that a radical change in the practice of medicine has been gradually taking place. I was taught to diagnosticate a disease, designate it by name, and then treat it, break it up if I could—jugulate it was one of the terms used—by heavy doses of a harsh emetico-cathartic character. If a man was spoken of contemptuously by his brethren, they would say,—"Oh, he doctors symptoms, and runs for luck. He does not diagnosticate his case; he does not look at the real disease the patient is laboring under."

It seems to me, though I may be in error, now it is the symptoms that are sought for and looked after: subdue these. If a man has a high fever, give antipyrine, or something of the kind, until heat is reduced; if he has a quick pulse, give something to retard it, whether or no. Now, a high fever is a symptom of disease, but not disease itself. If any of you have been in a high fever, you will know that it is much less disagreeable to bear than the chills and rigor which precede it, or the sweating that follows and which is considered by many as the termination, the breaking up, of the disease, whereas it is no more the breaking up than the chill at the beginning, being only a symptom, as you all know.

Dr. Holyoke had a peculiar habit,—no, not a very peculiar one, either, for most people of those days were accustomed to

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their *eleven* and *four o'clocks*, as they called them. *His* was six ounces of black strap. The young men may not know what that is, but some of the older ones may have heard of it. (Laughter.) It consisted of equal parts of rum, cider, and molasses. He died at the age of one hundred and one years and some months. Dr. Pearson, of Salem, was appointed to deliver a eulogy. Dr. Pearson was a teetotaler. Now, the difference between teetotalers and prohibitionists appears to be that the teetotalers tried to restrain themselves, while the prohibitionists try to restrain others. (Laughter.) Every one was anxious to know what Dr. Pearson would say about this habit of Dr. Holyoke. When he came to where he could not avoid it, he said that he must of necessity speak of this habit. "To be sure, Dr. Holyoke had lived to a good old age in spite of it, but there was no telling how much longer he might have lived had he wholly abstained."

According to Dr. Johnson, Dr. Holyoke was not called to a case of midwifery until he had been in practice some four or five years, and then to assist a midwife. He attended his first case of midwifery ten years after graduating, and such was his success and acceptation, and that of his colleagues in the neighborhood, that that department came very soon wholly into the hands of the regular profession.

Dr. Holyoke belonged to a great many societies. He was the first person who received a medical degree from Harvard university. He was one of the founders of the American Academy of Arts and Sciences, and was an honorary member of the New Hampshire Medical Society. I have here his diploma. It is dated at Portsmouth, 25th day of May, in the year of our Lord 1808, and signed L. Spaulding, Secretary.

On his hundredth birthday, the Massachusetts Medical Society honored Dr. Holyoke with a complimentary dinner, at which he gave a characteristic toast, worthy of repetition to any society, and especially to one of which he was an honorary member. I will therefore read it here and now, and it may form a fit conclusion to these rambling remarks. (Making the requisite substitution).

The New Hampshire "Medical Society: may it flourish and prosper; may it continue to improve the art for which it was

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instituted to the utmost of its wishes, and be the means under Providence of alleviating the pains and evils of life, and promoting the happiness of society by suppressing quackery and rendering the business of the profession as perfect as the nature of things admits; and may it and every member of this society, and every other gentleman present, enjoy health and prosperity, and the pleasing assurance that he has contributed somewhat to the advancement and improvement of the public welfare." (Applause.)

CHAIRMAN. All things end. Our greatest joys last but a little time. We rejoice in the presence of companions, friends, and loved ones; with hungry eye and ear we watch them and listen to their voices, knowing how soon they will be gone. Change is constantly going on, carrying us forward or leaving us behind, developing or deteriorating each one of us. We separate and return to our anxious labors, strengthened by the relaxation of these two days, by intercourse with our co-laborers, enriched by some valuable ideas.

May we meet in 1891 with unbroken ranks. May the coming year deal kindly with each and every one. May our labors bless the commonwealth, and may we have the satisfaction of seeing the fruits of our labors in peace, prosperity, joy, and gladness.

With these remarks the programme of the ninety-ninth anniversary of the New Hampshire Medical Society was closed, and, on motion of Dr. Cook, of Concord, it was voted to adjourn until the third Monday of June, 1891.

GRANVILLE P. CONN, M. D,
Secretary.

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PRESIDENT'S ADDRESS.

INHERITANCE OF DISEASE.

BY WILLIAM CHILD, M. D., NEW HAMPTON.

FELLOWS OF THE NEW HAMPSHIRE MEDICAL SOCIETY:

The opinion prevails that diseases are transmitted as an inheritance from generation to generation. This opinion is fallacious. It will not be here assumed that diseases are never the fault of parentage; but it will be held that the ready statements, the nimble diagnoses, and the confident prognoses based upon this idea are irrational and ridiculous.

Literature and statistics are wanting. Authors assert the transmissibility of diseases. Galton, in "Natural Inheritance," doubts the correctness of the prevailing opinion. There are no positive proofs upon either side. Upon slight examination it seems as if many diseases were inherited.

An apology may be due for opposing an opinion so universally asserted and accepted. Nevertheless, the theme of my address will be, Diseases are not transmitted from generation to generation as an inheritance.

You will excuse the crudity and incompleteness of this paper when you recognize the difficulties in the way of a fair consideration of either view. Not only statistics and literature, but also a sufficient number of facts upon which to base any proper estimate, are wanting. This is not only true of the inheritance of disease, but also of heredity in general.

We have only assertions, opinions, beliefs, and a general acquiescence that diseases are transmitted, as much as are form, feature, and faculty. The physician delights to find the same "damned spot" in his patient and in an ancestor. He impresses his patient with the wonders and might of his medi-

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cal insight and his pathological lore; and the patient delights to find that he inherits his ills. Next to perfect health, a perfect disease affords the greatest happiness. He hugs the delusion that a wicked or unfortunate ancestry transmitted to him his sin and disease. He indulges in the sin, and quiets conscience by ascribing his evils to an unfortunate parentage.

Physicians cultivate the same delusion. They question of the patient's family with consummate skill; they find an ancestor, remote and unknown to the present generation, with one sixteenth, one thirty-second, or one sixty-fourth kinship, that died at the same age, with the same disease, and under similar circumstances. This settles the matter,—and the patient. With a wise whistle, they render diagnosis and prognosis by knowledge of an ancestor whose organism disappeared years before. This is no exaggeration; it is being done daily, and by honest and intelligent men. It is one of the "fads" or fashions constantly arising in our profession. They are based on a little truth, are plausible, are not positive absurdities, are harmless, and are consummate nonsense.

As before indicated, there are no principles and laws of heredity whereby we may estimate and measure the probability or possibility of the transmission of any given condition or disease to any given patient. The facts upon which to base such principles and laws are few, incongruous, and never arranged and classified. We have a few bald, crude facts, and a confused collection of assertions, beliefs, opinions, and a general understanding that diseases are inherited. We are obliged to draw directly from nature a few data, and in the original packages. It is beyond the design and scope of this address to enter into all the details and proofs necessary to a treatise on inheritance or transmission of natural conditions and qualities of races or species. Generalities and conclusions must be presented, rather than details and particulars of proofs and evidences.

In the creation, God declared the wonders of His might, in pro-creation He has declared the mystery of His wisdom; Divinity alone can comprehend the grandeur of the one, Divinity alone can solve the mystery of the other; in the beginning He completed the one, to the end He continues the other, in the

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folly and fury of sexual impulse, guided by his unerring wisdom.

Man, in painful uncertainty, may trace the footsteps of the one, and may render conjectures concerning the other, yet today the whole subject of creation and pro-creation is a mystery and a wonder.

The sciences demonstrate the processes and results of vital force; but how the vital spark was produced or how first implanted in an organism, how it has been reproduced for thousands of generations or how newly implanted in millions upon millions of individuals, have evaded man's keenest investigations. Man will never discover, because he can never comprehend, so subtle a force: he can only trace its course and observe its results. From facts thus accumulated and classified, deductions and laws can be made. This having never been done, only contradictory opinions prevail; no fixed principles and laws have been determined. Nevertheless a few facts, prominent and constant, having a bearing upon inheritance of disease, will be considered.

Some facts in reproduction and heredity are notable and fixed. They are,—that original conditions remain unchanged; that like produces like; that variations of condition and function do not occur; that such variations would cause confusion and destruction of any given species; that modifications of conditions and functions do occur; that these modifications do not constitute acquired faculties; that really acquired faculties are abnormal conditions; that abnormal conditions are never transmitted; that deformities are never transmitted; that disease is a deformity, an abnormal condition; that nature always bends toward perfection of the original plan, and curves from it only by force; that development is but education and civilization; that children separated from civilized men and their products would become, are, barbarians; that education and civilization are not transmitted as an inheritance; that these are acquired modifications of faculties, not acquired faculties; that nearly every real disease is not only not transmitted, but it renders the body, once under its influence, incapable of being under the same effect from the same germs; that many diseases are but perverted action of vital force, or, perhaps, modification of an

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original function,—nevertheless nature is ever vigilant to eradicate these perversions and modifications; that these may, artificially, without intention, be continued for a generation, but that nature, unrestrained, does not transmit disease. It is just what she will not do.

Multiplicity of ancestry: The multiplicity, complexity, and entanglements of ancestry render any principles, rules, laws, or any classification upon which to base them wholly impossible. The number of ancestors having active concern in the reproduction of any one person in the twenty-first removed generation, is more than two millions (2,097,150). The male and female matings are never according to natural or artificial rules, laws, or principles of mental, moral, or physical adaptation, cultivation, perfection, or any kind of development, growth, or progress. The laws and customs of civilized life repress any efforts toward natural selection, not substituting artificial selection. The matings are according to accident, fancy, foolishness, or sexual fury.

Thus the procreative ancestry of any given individual on earth to-day, retraced through twenty-one generations, is an immense entanglement of the millions of lines reaching backward and upward to all those concerned in the reproduction. These ancestors had every possible variety of form, feature, character, faculty, force, power, temper, temperament, health, sickness, vitality, brevity of life, longevity,—no two individuals ever being exact counterparts. These lines leading down to, and converging in, any given individual from his two million ancestors of twenty-one generations, extending over four hundred years of time, are interlaced, twisted, distorted, and entangled through all the mysterious intricacies of nature, and the more mysterious intricacies of human nature. With this "confusion worse confounded," how are we able to select any individual in any given generation, and declare him diseased, or to be, according to any general principle; or say that he will have any particular feature, form, stature, color of hair or eyes, or whether he will be, or should be, dark or fair, or will have any of the particulars, excepting those belonging to the race generally? We might as well estimate and demonstrate the exact pressure which an ethereal particle twenty miles away shall

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exert upon the earth's surface. Theoretically it might be estimated, but practically it would be of no account whatever.

Hence, on account of the multiplicity, complexity, and unending entanglements of our ancestry, deductions and conclusions are, and will ever be, wanting. We simply know that nature, in her reproductive efforts, is and will ever be exact to the original plans.

The second fact is, that notwithstanding the multiplicity of our ancestry, and the complexity of its various lines descending to and meeting in a given individual, yet the species is preserved according to a general plan. The general type is never changed. Nature constantly resists alterations: sports and monstrosities may appear here and there, but they are never perpetuated; they are never transmitted as an inheritance except in exceedingly rare cases.

The third fact is, that the species never abandons any of its characteristics, either general or particular. No original faculties are lost, nor are any new ones added. The original ones may be modified by natural or artificial selection. Nature is ever vigilant respecting too great modification of qualities necessary to the highest and best conditions for perpetuation of the original. Now, then, natural inheritance is the transmission of the traits, qualities, faculties, form, and features of any given species from parent to offspring, and from generation to generations unlimited. This transmission is constant, every individual having every natural trait, quality, faculty, form, and feature of the parent, though each of these may be modified,—these modifications from altered surroundings rendering these modifications necessary to the continuation of the species. But it is a fact that nowhere and in no way is contradicted, that no trait, quality, faculty, form, or feature has ever been added or deducted from the original plan; and, knowing the constancy with which nature adheres to her original lines and landmarks, we may suppose there never will be. Nature is ever loyal to her supreme Master. She may bend her course in the direction of the least resistance, or upon the line of best conditions. But her main lines of progression are but the prolongation of those laid out for her in the creation. Any deviations from these are sports, deformities, and encumbrances. Nature seeks

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constantly the original, because the best, plan. The development and selection theories are true only in the modification of natural and original traits, qualities, faculties, form, and features, not in their destruction, nor even in their perversion.

To illustrate: A cow in the barrens of Florida, and in the rich bottoms of Ohio. The nervous, restless, suspicious temperament, the spare horn, the coarse-haired body, the incapacious digestive organs, the small, dry udder, the red and flaming eyes, the scant and sky-blue milk of the one, are in the extreme opposite to the dignified, quiet, confiding temperament, the capacious digestive organs, the robust, fat, fine-haired body, the large, elastic udder, the brown, beautiful eyes, the bountiful creamy milk, of the other.

The two are alike in all the conditions constituting the species; unlike in the modification of those conditions. Exactly the same organs, performing the same functions, are in each. The organs and functions are unperverted, yet modified to the limit of original design,—nothing added or lost. That is to say, the body, the hair, the eyes, the digestive organs, the udder, and the milk, examined by twenty different tests, would be constantly declared one of the conditions of the species of the female of the bovine race.

Now, each of the cows has its peculiar acquired faculty. But this acquired faculty, so called, is not a new condition of the species added to the original ones: it is but a modification of the originals. This is all there can be of natural or artificial selection. More than this is deformity, disease. The modification is transmissible, though then only by care. The deformity, the disease, that condition not an original of the species, is not transmissible.

So far as I know, this presentation of the case is original with myself, and is the limit of acquired faculty. It is modification of a faculty transmitted. This is the limit of natural and artificial selection. Any step beyond this is deformity and disease. Should the Florida cow yield turpentine, cotton-seed oil, or perhaps whiskey; should the Ohio cow yield chalk mixture, oleomargarine, or perhaps lager beer,—there would be an utter perversion of function, a disease, a deformity. Nature will not continue such perversion, such disease. She never has

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and never will so disregard her own laws and the best interests of species. The disease would not be transmitted to the next generation of cows, however much desired by men. In this impossible supposition, of course, the transmission is no more impossible than in cases of actual disease, *usually*.

Again: In diseases of men the same is true. The kidneys may secrete urine with all possible degrees of variation of the proportions of the natural ingredients, but the moment they cease to eliminate from the body any one of those elements, or add some unnatural ingredient, then Nature says, in effect, We have enough of this man; we wish no urine without urea, or with albumen or sugar. So the man dies, and never transmits his disease,—cannot. Nature says, No. Thus with the spleen, liver, skin, digestive organs; and why not with every cell and tissue in the whole animal organism? If any of these become so disordered as not to be able to perform their appointed functions, nature does not allow the same to be continued as a characteristic of any branch of humanity. If now and then these imperfections do seem to pass on to one or two generations, the imperfect ones go down before the first epidemic. Nature does not wish their kind reproduced.

Only brief consideration is necessary for particular diseases. Acute diseases, the fevers, and all chronic organic diseases, do not belong to the list of transmissibles. No really germ diseases are so classed. Tuberculosis, cancer, and leprosy are now considered out of the list. Syphilis and gonorrhoea are acquired, and their transmittal is really only by contagion. Scrofula seems to be transmitted, but it is really no disease: it is a condition of inferior material; it has the same relation to the physical that the feeble-minded have to the mental man.

Insanity seems to be an inherited disease. There is no evidence that insanity depending upon organic imperfection is inherited. Insanity is also but an exaggeration of a natural condition. Hence, the uncertainty of the line between sanity and insanity.

The object of disease: Disease is for a purpose. Disease is a condition, not an entity, a real being. It is an accident incident to life: a wheel is weak, imperfect,—it breaks; an organ overtaxed becomes diseased; disease means debility; debility

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means decline; and decline means death. The vigorous forest trees destroy the weak; the vigorous ones in every species, according to their peculiar plan, crowd out the weak, and this in spite of, rather than on account of, human wisdom. The lioness mates with the victorious lion; the flock follow the best cockerel. So nature everywhere cares not for the individual; she provides for the reproduction, continuation, and perfection of the race. Disease, then, really is nature's method of perfecting the race; she does not, will not, can not perpetuate imperfections. Hence, the imperfect, diseased individual dies, and it is no intent of nature to continue his imperfection; hence, disease, decay, and death are accidents incident to life. It is a law of the universe that the imperfect individual shall go down for the good of the multitude. Thus nature struggles on toward perfection. The existence and the destruction of the cell and the sun, the grain of sand and the earth, the drop of water and the ocean, the pimple and the volcano, the craven and the hero, the foolish and the wise, the beggar and the prince, the sinner and the saint, are but examples of that everlasting law of destruction to-day, that there may be better life to-morrow. This is exactly what disease is. It is the decay and death of the imperfect individual, that the species may advance a step toward perfection. Nature does not perpetuate these imperfections, imbecilities, encumbrances, deformities, and damnations. It is exactly what she will not do. The attempt, even, is contrary to common sense, contrary to natural law, contrary to Divine law, contrary to perfection of the species, contrary to the best interests of the human race, contrary to evidence, and contrary to the fact.

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MEDICAL MEN.

BY DR. THOMAS HILAND, CONCORD.

It may be of service to us to cast aside for a few moments our M. D.'s, and look at the medical profession with unprejudiced eye, and allow the picture to be described. Eyes have different focal distances, but each must use his own with best attainable assistance, his own visual centres and conducting nerves, his own reasoning for interpreting and drawing conclusions. The study of nature and her products would include all science and literature: what a pity life is so short that one is able to obtain so little! The most useful way to study is to study the objects themselves. The boy who makes a collection of eggs, minerals, or postage-stamps knows much more about his specialty and allied subjects than he who has studied books alone, and the man who best observes is the best educated.

What status or rank has the physician? All animals act superiority over the vegetable kingdom, and superior they are in some ways, inferior in others. The nature of most animals is to assume superiority over every other thing, especially other animals. No doubt many other animals besides man think the universe was made for their special benefit, and that all things are subject to them. Those who believe all animals have souls, and those who believe there is no such thing as soul or spirit, are types, symptoms of the functional activity of the human brain. It is natural to gain the leadership and retain it. The weak must give place to the strong, and the master will try and fortify his position by pretending that he rules by divine right, and children may be taught to believe in the royal family or in the superhuman powers of the physician, as they may be taught anything else, if the work is begun early enough, for the plastic material may be moulded in almost any shape you will. What is right with one person is wrong with another, depending upon how one is educated.

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Surroundings, associates, the calling or business, all help to make the man what he is, and one knows quickly by the general bearings and actions in what sphere of life and in what particular business each one is engaged; and no doubt one could learn to select in the dead-house the clergyman, the lawyer, the shop-keeper, the butcher, and the baker by the brain, the face, the hand, or, better, by all combined,—for employment develops certain faculties used in that calling, and the physician's brain has distinguishing marks enough to point out the profession if examined by one sufficiently learned.

The physician in any community may be known by his tired walk and preoccupied air, a quick ear, a rather broad head. He has a good standing in the community, not of the highest rank, but respected and held a little in awe on account of his supposed knowledge and power. His usefulness regulates his honors, and he is sometimes raised to the lowest rank of nobility. In savage tribes, by incantations and other mysteries, he is retained near the chief, and influences many of his movements. He claims little surgical knowledge, but by the aid of a few remedies, often of use, and a great deal of power with unseen spirits, he retains a powerful position in the tribe. Among races more advanced, as the Pacific islanders, he is supposed to influence the evil spirits as well as the good, and many valuable roots and herbs are used to alleviate human suffering; but knowledge of surgery is rudimentary, although they adjust and get good union of some fractures, and luxations are often reduced, but cutting instruments they seldom possess. I have many friends among them, and in no part of the world have I seen assistance more appreciated.

The descendants of the Incas are not intellectually brilliant, but by infusion of Spanish blood the mixed race has many well developed, active brains, and the medical men in the towns will take rank with us, while in the country the native Indian physicians stand midway between the Pacific islanders and the Spaniard. I have seen as skilled diagnoses and as beneficial treatment in Santiago, Ariquipa, and Lima, as in the United States, but they give less care to the injured on the battle-field, and often leave the killed unburied. They use some drugs we know little of, but we have had their cinchona more than two

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hundred years, and recently coca and its preparations are in fashion.

The hospitals of Spain and Portugal are sombre and dreary, the officials kind and polite, but dignified and reserved, so that it is not always easy to obtain much except official reports. Nothing conquers the Spanish-speaking people so quickly as politeness, and it sometimes opens to view the inside workings, and allows one to note the ability of the physicians and surgeons. In visiting the hospitals in Genoa, Civita Vecchia, Rome, Naples, Messina, Syracuse, Palermo, and other Italian towns, I have met many Italian physicians, and found them intelligent, hard-working gentlemen, without hesitation admitting to any operation or consultation. Their standing in the profession is very high, though here we know less of them because we know so little of their language. One thing I noted in some of their hospitals engraved on the wall,—the number of cubic metres in this ward; and Italian physicians are too well educated to give patients only from 600 to 800 cubic feet of air space, as I too often see done by our hospital constructors in this country. Literature is full of the evil effects of small, low rooms, and the impossibility of ventilating a ward with only 600 or 700 cubic feet per person; and I would have every ward in this country, and every sleeping apartment, too, with its cubic air space plainly written on ceiling or wall. I think the patients, if not the physicians, would learn their significance.

Those speaking the German language have done the most for medicine; their names are associated with most of the advances made in scientific, medical, and surgical knowledge; their years of labor in some limited sphere have added facts, and many valuable conclusions have been drawn which have added to human life and comfort. Their schools are better than those of any other country. They do not pretend to make an M. D. in a few weeks or months, but demand years of seeing and hearing, working and studying, and then require that the candidate have ability enough to write a thesis and defend it.

You ask at a German university for instruction in the use of the microscope, and the reply is, What do you want to study,—the nerves, the bones, the skin, the eye?—and should you answer, All, they would say, Impossible, and wonder at the ignorance

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that could presume to cover a field requiring many lifetimes. Their teaching is not excelled: they have material to teach with, and the teachers must have something more than church or court influence, they must have some ability.

How many vaunted discoveries by English, French, and Americans are German, root and branch, with oftentimes illustrations and descriptions stolen outright.

The medical men of France are voluminous writers, excellent practitioners, good teachers; and some are leaders in the medical world. As a class they are the most agreeable gentlemen I have ever had the honor of being associated with.

Almost twenty-five years ago I saw in the hospitals of Paris the mass of antiseptic dressings Lister has taught us to use applied to wounds and amputations, and the dressings were left untouched many days, just as we do to-day. I saw hot water used to arrest haemorrhage, and catgut ligatures left in wounds and cause no trouble, and I wondered if dressings then used in Boston and New York, of little save sticking plaster and light bandage, were not an improvement on this bungling style.

It is a privilege to listen to Lister, Tait, Wood, Nettleship, and see their work day after day. Dear old Lister! One cannot help loving him personally, he is so gentle, so unpretentious—wants to be of service to you and everybody else. Fortunate the student or patient under his kind care!

What do we observe among our own physicians? First, a marked difference East, West, and South. In our Western states, gaudy signs, specialties portrayed for signs, peculiar dress or carriage, an offensive protrusiveness, quackery, and mystery among those with good professional standing, and many with little medical knowledge. Among all these things one does not like to see, there are some high-toned, excellent physicians. In our Southern states more honorable dealings with patients and with each other, a touch of savagery in,—Question my conclusions, and I'll shoot you!

Can I forget the old New Orleans physician who used to come into the naval hospital and teach me how to care for chronic dysentery and its complications, dengue, yellow-fever, and many other diseases I had never before had much to do with? God bless him, or the lesson taught me by Southern con-

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sulting physicians, to have nothing to do with the family of the patient, that the consultant's work was absolutely finished when his deliberate conclusions were given to the attending physician.

Some invaluable teachers and practitioners are we blessed with in the United States, and when a Flint, Agnew, Bowdich, or Crosby falls out, how great is our loss.

The standard of the physician depends upon the degree of civilization of the community, and the history of the evolution of physicians would be the history of the successive changes, from the lowest savage to the highest developed people of to-day. Little by little as advancement proceeds, he throws aside incantations and mysteries and charms; and even now one sometimes finds a physician with no mystery, no pretence, no concealment. The sooner we can all reach this advanced civilization, the sooner an enlightened community demands this, the sooner will sanitary laws be observed and the sick treated on common-sense principles. Do our physicians, as a class, compare favorably with those of all the countries I have taken the liberty to mention? No. The community requires so little to entitle to an M. D., and it is satisfied to be preyed upon by any pretended doctor with an M. D. or without, that I only wonder that our professional standing is as high as found to-day. It is not enlightening to pretend we stand on the top of the mount of knowledge, but to see just where we stand, and to try to advance our standing and help each other in the struggle for more knowledge and better means of using it. The study of a community and its physicians points out what a large class have unsound brains, and show more or less insanity. Those who employ the pathy physicians, the spiritualists, the clairvoyants, the Christian scientists, are, as a rule, illy balanced, and this is only one manifestation of their peculiarities. The enthusiast about homoeopathy, electropathy, hydropathy, or any other little piece of medical practice, will, if carefully examined, be found very peculiar upon many other subjects; and the person who devotes all his energies to the study and treatment of one organ of the body is usually narrow in his visual and mental horizon, sees every human being suffering from disease of the organ he treats, and by any competent court would be pronounced insane, a monomaniac.

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A physician, if in any way fitted for the profession, must be a student to the end of his life. There is so much to learn he can only secure enough to be of service to his fellow-men when he must leave the field, worn out with care and anxiety. No one is deprived of the opportunity to study, and it is these opportunities that, with ability and perseverance, make the country practitioner, called upon in every possible emergency, the peer and superior of the city physician, who must call in the specialist for his patient's nose, throat, lungs, heart, stomach, kidneys, urethra, etc. If our education were completed when we receive the M. D., very imperfect would it be, but I can truly say that, in our Middle and Eastern states, young physicians and old ones, too, are noted for their development year by year, so that I consider it a great privilege to secure an old gentleman in consultation to guide my youthful powers.

It would be unreasonable to expect the study of medicine would get rid of all selfishness, all small, mean actions and thoughts, but its tendency is to ennoble and suppress dishonorable words and actions.

The study of medicine opens to view the whole range of natural sciences, the nature of thoughts and actions, the beginnings of life, the finite and the infinite, and it is not strange that the most noted names in the scientific and literary world are those of physicians to whose names belong so many honored titles that the modest M. D. is forgotten.

I pity the person who tries to confine his studies and practice to the teachings of one man however distinguished he may have been, for it dwarfs and narrows. It is the man versed in a variety of ways and means, that shows fertility in resource, that makes his reputation by his own individualism, his own untrammelled genius. Can we search out a single fact, the giving it to our fellow-workers gives much more pleasure than storing it away for individual use; and he who postpones every joy until the indefinite future forgets that we have only to-day, and that good done to others is reflected.

A physician's happiness depends to a great extent upon his professional brethren. Your kind reception has made me happy, and I am proud to be allowed to work and study with such skilful, intelligent, honorable medical men.

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RAILWAY SANITATION.[1]

BY G. P. CONN, M. D., CONCORD, N. H.

This is an age of immense progress, and the evidences of intelligent and untiring labor are everywhere presented. During the past quarter of a century preventive medicine has made great strides, and has become so interwoven in the practical work of the surgeon that we must associate it with our every-day labors. The attention that has been given it by the profession has made itself felt with the public, until a demand is made upon the physicians and surgeons of to-day that was quite unknown until recently. The progress that has been made and the proficiency attained in the development of the means to prevent sepsis, are as as wonderful as they are commendable.

Modern surgery demands that every known precaution shall be used to prevent septic and putrefactive influences from obtaining a power over the patient.

Sanitary medicine may be far from being an exact science; still the rational application of the principles of hygiene and sanitation has developed such changes in the work of the surgeon and the possibilities of surgery as to lead the public to expect of the profession results that would not have been dreamed of fifty years ago. Perhaps no further apology is necessary in placing before this association a short paper on "Railway Sanitation."

It is true that the primary design of this association was to bring about an interchange of ideas, methods, and systems in use by those in the profession having more or less to do with the practical application of surgery to a class of cases where, in consequence of the nature of machinery, weight, and momen-

[1] First read at the annual meeting of the National Association of Railway Surgeons, at Kansas City, May 1, 1890.

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tum of rolling stock, the injuries received are radically different from the incised and lacerating wounds of cutting instruments. The destruction of tissues, and the shock that we find after grave accidents that occur along the line of a road, are so much greater than those usually found in gun-shot or incised wounds, as to be noticeable even to the non-professional; while the greatest of precautions and the exercise of the soundest judgment are called for, in order to insure good results. The application of the principles of hygiene underlies and guards the work of the railway surgeon with as much force as it does that of any other department of medicine. Without it we should be powerless to accomplish much that is now known to be perfectly feasible. To cure disease, relieve suffering, bind up wounds, save life and limb after accidental causes have seemingly destroyed all hope of further usefulness of a part of the human body, is indeed a glorious work, and one in which any man may justly take pride. This may be considered an axiom, yet the knowledge of how to perform such work should lead us to hope to accomplish more.

Dr. Holmes once remarked to his class of medical students that the best time to treat a child was about one hundred years before it was born. It is scarcely probable, in our limited sphere of action, where our life's work is expressed and represented in deeds rather than words, that we shall ever immortalize our names by devising any plan that will prevent railway accidents; still, we ought to have sufficient influence with the management of our railway systems, and with the sanitary authorities of towns and cities along their course, to render it reasonably certain that those coming under our observation and care for the alleviation of their sufferings, whether they be from disease or wounds, shall be free from the influences of contagion or the contamination of preventable disease. So in railway surgery, if we could throw around the victim of accidental misfortune the mantle of Hygeia, surround his wounds with the dressings of sanitation to that extent that nothing that is toxic or septic in character should come in contact with the abraded surface, our labors would be very much simplified.

I trust it will not be said of any corporation having representation in this association, that they have neglected to fur

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nish, to employé and patron alike, pure water at every available point, the purest air possible within their cars and tenement-houses, and a well drained and clean soil about their roadway, yards, and depot buildings. Anything short of this, at the present time, may be considered culpable neglect and a reason for exemplary damages, and I expect, a few years hence, any other conditions will be considered derogatory to the managements of all first-class roads; for, without due attention to sanitation, the decay and destruction of material and equipment (owing to dampness, dry-rot, and want of ventilation) will be second only in importance to their deleterious influence upon the men operating the line.

As an illustration of the fact that the public are becoming critical upon this subject, I will quote from the report of the railroad commissioners of the state of Massachusetts for the year 1889. In regard to the ventilation of cars, the board remarked,—

"One of the crying evils of railroad travel at the present time is foul air. The amount of air space in a car is very small considering the number of people occupying the car, and if no fresh air were admitted, would be used up in a few minutes.

"It is estimated that a human being in an hour would vitiate one hundred cubic feet of air, so that it would then be barely respirable. Supposing that there were sixty persons in a car, they would therefore, in an hour, vitiate six thousand cubic feet of air to such an extent that they would rapidly become asphyxiated. Instead of having one hundred cubic feet of fresh air per hour, a person ought to have at least five hundred cubic feet, so that sixty persons ought to have thirty thousand cubic feet. As there are only on an average about three thousand cubic feet of air space in a car, all the air in a car containing sixty passengers ought to be changed as often as once in six minutes. The above figures are very conservative. Some of the best authorities claim that each person ought to have as much as three thousand cubic feet per hour. In order to give this supply of fresh air, the air in a car containing sixty people would have to be changed once a minute."

After referring to an examination of the air in railroad cars, made in 1874 by the Massachusetts State Board of Health, and

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also to a report on ventilation made the same year to the Master Car Builders' Association, the commissioners say,—"The progress in ventilation since that time has not been satisfactory. The problem is undoubtedly a difficult one. It is claimed that it is more difficult to properly ventilate a car than to properly ventilate a house. Unlike house ventilation, the problem of ventilating cars in the summer is, on account of dust and cinders, as difficult as ventilating in winter.

"In either case there must be a constant supply of fresh, clean air entering the car through apertures, the aggregate area of which shall be sufficient to admit the necessary volume of air at a low velocity; and in winter this air must be warmed before entering the main body of the car. Draughts must be avoided. For air thus brought in there must be also good and sufficient means of exit. The problem is by no means so difficult that it cannot be solved, and its solution should go hand in hand with the introduction of the locomotive steam-heating system.

"Death from burning is the most horrible death a man can suffer, and it is on account of the torture connected with it, rather than its frequency, that we urge so strongly the adoption of locomotive steam-heating systems. It is certain that in railway travel much more of life has been destroyed by poor ventilation of cars than by fire. The destruction is not immediate or obvious, but no person can breathe the air which is sometimes found in cars without having his life shortened thereby. On many roads the ventilation of cars is unwarrantably neglected, to the injury of their business as well as to the injury of the health of the passengers. That road which takes the lead in having conspicuously well ventilated cars will deserve and will receive public commendation and an increase of patronage."

In speaking of stations, the commissioners are of the opinion that "waiting-rooms in stations are frequently too high studded, and are correspondingly barn-like and cheerless. For the ventilation of stations too much reliance is put on storage of air, while circulation of air is neglected."

I have quoted at length from the report of this commission, because it shows conclusively that men outside the profession,

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and having to do with the public, are looking for a reform in matters connected with railway sanitation, and, as the medical and surgical advisors of the corporations we represent, we should not only comprehend the great work, but we should be the leaders rather than the followers of public opinion.

You can all recall cases of lead poisoning from water-mains; typhoid-fever from want of space and from the contaminated atmosphere of crowded offices; diphtheria, sore throat, tonsilitis, and enlarged glands coming from tenement-houses situated over pools of filth or standing water in cellars; erysipelas or septicaemia following minor wounds, apparently of so slight a degree as to require but little or no attention.

These are common occurrences, yet such conditions as might give rise to the development of zymotic diseases should not be allowed to exist on grounds owned and controlled by corporations, any more than about the premises of the individual. Every health officer understands and fully comprehends the difficulty of dealing with a corporation, whether it be municipal, commercial, manufacturing, or for transportation, for the reason that we scarcely ever find a competent and well defined department with which to confer; however, grounds, buildings, cars, shops, and material, under the control of corporate management, should present to the public observation evidences of intelligent oversight, rather than the slovenly appearances which characterize those matters over which there is no systematic supervision.

The want of intelligent supervision of buildings and cars, combined with overwork and over excitement in a vitiated atmosphere, has its sad effects upon individuals composing the board of management as well as upon the individual having constant association with the great army of employés.

Some of our most anxious moments regarding the future of some great corporate management may have been in consequence of the untimely breaking down of some brilliant mind whom nature designed to organize forces and become a leader among strong men.

Such men have extraordinary powers, and are able to organize schemes and form business relations that are felt to the very centres of the financial world; still, many of them have some

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inherited weakness that only requires a combination of circumstances to develop ill health in the form of nervous exhaustion, neurasthenia, melancholia (even suicide), or such conditions, mentally and physically, as to be a sad ending of an otherwise brilliant career.

Thomas A. Scott, Robert Garrett, —— Clarke, and your own Talmage were but examples of the positions men can take at an early period in life, when nature has endowed them with the power of organization, and circumstances combine to develop the latent energies of the brain. Such men devote their entire energies to the work before them, and no class more surely need perfect hygienic surroundings. The hygienic condition of cars, stations, and grounds should receive our attention, and, while we may not be able to solve the intricate problem of the best form of ventilation for any of these public places, yet we ought to be able to bring about such reform that the means now in use shall be intelligently applied.

At present trainmen, give little or no attention to the atmospheric conditions that obtain in a car, and when one asks a brakeman if he cannot ventilate a car, he opens either all the transoms or the doors, and then goes into another car to get out of the way, or to tell some other trainman of the crank he has in his coach. It will not occur to such a person to go to your assistance when the occupant of the seat in front, clothed in furs sufficient to ride in the open air for miles at a temperature below zero, insists on keeping a window open.

Trainmen should have plain, comprehensive instructions on matters of this kind, and I hope it may not be very long before something of the kind will be published in pamphlet form, after the style of the series of health primers, which have been instrumental in developing a vast amount of interest in hygiene and sanitation. Public opinion demands hygienic conditions that were comparatively unknown only a few years since, and nowhere is this more especially true than of stations and cars about summer watering-places and mountain resorts for tourists.

Many a place receives a bad name and is shunned because the station is dark, dismal, or so dilapidated as to seem unwholesome; else the trains running to that point are made up of cars that are unkempt, untidy, and positively unclean.

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Then, again, at some points the boom that is made in making it a place for invalids fills the cars with so many people with such positive evidence of phthisis or syphilis as to cause a great many to avoid such lines unless business renders it imperative to travel on that route. If the catering to invalids is to be indulged, lines running to such resorts should set apart an invalids' car, and advertise the same extensively, so that the travelling public may be neither in danger of contagion or infection, nor subjected to the annoyance and depressing influences of those ill with chronic troubles.

While cars may not always be of the latest type of elegance, still there is no excuse for uncleanliness, as there are always stopping-places where trains remain long enough to allow sweeping and dusting,—provided there is some one to see that it is done.

The magic word "Pullman" fades away at once when the passenger realizes that the coach is unclean and unventilated, and a boudoir car having filthy closets destroys the prospective comfort of a journey just as much as though it were a nuisance in any other place. So, too, a stop along the line where ditches are full of offensive water, or decaying vegetable or animal matter, is as unnecessary as it is to have a shiftless road-master or section boss, and one will naturally follow the other. The progressive spirit of the age in which we live is nowhere better exemplified than in the management of our railways. When we contrast the road-bed with its light iron rail of twenty-five or thirty years ago, with the heavy steel rail and rock ballast of to-day; the small car with a plain close top of that period, with the monitor extension, vestibule Pullman or Wagner, now considered a necessity on almost every line; the change in the standard weight and the speed of the locomotive; the power brake; the great system of through trunk-line traffic; the interstate and international lines that practically reduce distance to its lowest conditions of discomfort and time,—we are at once confronted with the fact that in our federation of labor the department of railroads has accomplished quite as much as any other.

In some portions of our country great advances have been made in the professional work done by surgeons and in the hospital system that has been developed. In other

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sections but little as yet has been done towards improvement, and an accident to-day of considerable magnitude, involving injury to several people, would receive at the hands of the corporation substantially the same treatment as was given twenty years since. This is creditable neither to the road, to the people along the line, nor to the profession, and can only be explained by the fact that the management do not consider it necessary to have a surgical department. To such a management a surgeon is only a necessary evil whose services are required in an emergency. Too often the results of such labor verify the belief, as he is not prepared for emergency cases, and, therefore, a review of his work may not commend itself to the admiration of management, employé, or the travelling public.

Fortunately but few lines continue to operate their roads under a *régime* like the above, and it is evident that the great work of reform that has received substantial shape from the labors of our lamented late ex-president, Dr. Jackson, and his colaborers, Drs. Outten, King, and others, is working its way through every state and territory of the Union.

Interchange of ideas and the expression of opinions between those whom special training has fitted to be authority upon special subjects will always command attention from the public, and must be fruitful of good professional work. Technically we have nothing to do with the management of railway lines: still, in the department of hygiene and sanitation, does not our education particularly fit us to advise? When men are ill or injured along the line, we are appealed to for advice and assistance, and this is on account of our education.

Parity of reasoning would suggest that every road should have a department of medicine and surgery, the organization of which should take cognizance, not only of the sick and wounded, but also of the general interests of the corporation, so far as its hygienic conditions are concerned.

The formulating of rules and regulations for the cleaning, ventilating, and inspection of cars and buildings may not attract the attention that would follow an amputation or the saving of a limb after a severe injury; still, the great mass of the people who spend so much of their time on trains would be benefited in

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proportion as the number carried safely over the line exceeds the few that are injured.

It is entirely unnecessary to go into the details of the work of such a department before an association like this. You are all conversant with the elements of such work, and a very little reflection would serve to bring about a reform. Car cleansing should be reduced to a scientific basis; a system of checks should be inaugurated so that the responsibility of an unclean car could be traced at once. Every station or other building along the line of a road should have some one who is responsible for its hygienic condition, and also a register of such persons should be kept at the central office so that in case of complaint it can at once be ascertained who is at fault.

What would be said of a management who left the care and responsibility of the safety of its bridges to the station agents and section men? Yet that is practically what is done in regard to the stations and buildings along the line of roads to-day, and the results are what might be expected; neither party considers it his business to see that vaults are cleaned, or that windows and floors are clean and wholesome. Large stations generally have some sort of a system that partially accomplishes the work, but small stations are usually found to be unwholesome and untidy.

In conclusion, allow me to express my belief that the road having to do with the tourist, that will organize a department of this kind, placing the whole matter under the direction of its chief surgeon, and that will advertise the fact that it has a competent medical officer who will hold the proper person responsible for any neglect of sanitation about its coaches or stations, will find in its increase of patronage an extra dividend upon the investment.

Hotels and boarding-houses have found it necessary to have sanitary inspection and supervision in order to satisfy their guests: will not railroads have to do the same? Can they afford to do less?

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DISCUSSION.

Opened by DR. J. J. BERRY.

Mr. President: Unfortunately I was not present during the reading of the greater part of the paper, and consequently I am unable to discuss it in full or at all intelligently. I will say only a few words on the general subject of railway hygiene, and will leave it for the other members to consider the problem more completely.

There is no department of sanitary science in which there has so little advance been made as in railway hygiene. Unless we except the advance that has been made within the last five or six years, absolutely nothing has been done, and those who have travelled extensively and are familiar with our railroads, I think, have had this fact impressed upon their minds by a great many uncomfortable experiences. The more one travels, the more he becomes convinced of the imperfect ventilation, the imperfect heating, the bad arrangement of the closets, etc.,—in fact, of all matters which pertain to comfort and health in the matter of travel.

What I heard of the paper was very gratifying to me, and it seemed, so far as I could judge, to cover the ground pretty completely as regards the matter of railway hygiene; not only of the trains themselves but of the stations and all matters connected with railway travel. I am pleased to see that during the last few years decided advances have been made. Trains, cars, railway stations, and railroads themselves have been improved, and are in almost every way healthier, better, and more convenient to patrons upon all the lines of our continent. I agree most fully with all the points presented in this paper, and as I can add nothing more of interest to you, I will leave it in your hands for discussion.

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PTOMAINES.

BY C. P. FROST, M. D., HANOVER.

In the study of the etiology of disease, during the last twenty years, we have become more or less familiar with a large number of new terms, applied by different writers and observers to various micro-organisms, which are yearly establishing more and more conclusively their causative relationship to the diseases with which we have much to do. The bacteriologists have occupied many pages of the dictionary with their new nomenclature, and now come in the chemists with other terms to be applied in similar relations—terms applied to substances which may very likely be believed to stand between the micro-organisms and the diseased conditions following their presence and actions in the body. The words ptomaine and leucomaine are of this class. The term ptomaine was first applied by an Italian chemist, Selmi by name, about the year 1870, to a substance derived from decomposing animal bodies. It has long been known that something having dangerous or poisonous properties was found in relation with dead bodies, though the substance had not been isolated or studied independently. Since chemical study and investigation have been turned into this field, a number of bodies have been discovered and their properties have been made known, and we can speak of them with a considerable degree of accurate knowledge. It has been found that the ptomaines are produced not only in the decomposition of animal bodies, but also in that of vegetable substances. It is also found that they are not all poisonous, but that the majority of them are not so, at least the large number of those at present described.

The definition of a ptomaine at present, as learned from a recent volume by Prof. Vaughan, of Ann Arbor,[1] from which

[1] Ptomaines and Leucomaines, by Vaughan and Novy. Lea Brothers & Co., Philadelphia, 1888.

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the facts set forth in this paper are mostly derived, is "a chemical compound which is basic in its character, and which is formed during the putrefaction of organic matter." They may properly be called "putrefactive alkaloids." We have already said that all ptomaines are not poisonous; we would further say that all the poisonous products of putrefaction are not ptomaines.

The ptomaines contain nitrogen as an essential part of their basic character. Some of them contain oxygen; others do not.

In considering these "putrefactive alkaloids," it is important that we should bear in mind the character of the process of putrefaction. The studies of Pasteur, confirmed by other observers, have established the fact that all putrefaction is due to the action of bacteria; wherefore it follows that ptomaines result from the development of these micro-organisms in organic matter, either animal or vegetable. Hence, also, it will follow that the ptomaines formed will depend on the kind of bacterium present, on the character of the material acted upon by the bacterium, on the conditions under which it does its work, such as temperature, electrical condition, the amount of oxygen present, and the duration of the process.

It is believed that the bacillus tetani can alone develop the ptomaine named tetanine; that the bacilli typhosus only can produce the ptomaine typhotoxine. Again, bacilli may *grow* in certain cultures, but will not in them produce ptomaines, while in other cultures the ptomaines peculiar to this bacillus are found. So at certain temperatures bacterial action is arrested, only to be resumed when the proper temperature for characteristic work is again restored. Further, Pasteur divided the bacilli into classes, upon the basis of their behavior toward oxygen. Those which thrive best in O were styled aerobic, while the other class which produced fullest results in the absence of oxygen were named anaerobic. Therefore, we find the production of ptomaines by the same bacillus will vary by reason of the presence or absence of O. So, also, as regards the presence or absence of moisture.

The ptomaine is to be regarded as a transition product, and sometimes the quite transitory product of the decomposition,

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or change of form, of organic material, while this material is undergoing the changes from the more complex forms to the simple forms, from the organic to the inorganic, to the form of ammonia, carbonic acid and water, or to the original chemical elements of which it is composed. The number of combinations which the atom of carbon, for instance, may undergo in this series of changes is almost unlimited, and with each change there will be more or less change in nature. "In one combination the atom may exist as a constituent of a highly poisonous substance, while the next combination into which it enters may be wholly inert."

Selmi, who did much to stimulate investigation in the direction of these alkaloids, did not himself succeed in completely isolating a single one. This was first accomplished in 1876 by Nencki, who made the first ultimate analysis and determined the first formula of a ptomaine.

The limitation of the origin of ptomaines to putrefaction of animal bodies was long ago abandoned, as it was early found that they were present in decomposing vegetable substances. Especially important was the fact that was soon discovered, that they were often found in articles which were used as food, in which the processes of decomposition had not advanced so far as to cause their rejection as fit articles for consumption. Indeed, a poisonous ptomaine has been found in connection with a species of fish found on the coast of France, and much used as food. In this case, it was found that at times, at least, the ptomaine was developed before decomposition had begun in the fish, and the presence of the ptomaine was due to decomposition of animal or vegetable material present in the shallow and filthy waters from which the fish were obtained. These fish are called mussels, and the ptomaine which has been isolated is named mytilotoxine. This is a highly poisonous ptomaine, and it was sought for as early as 1827, by reason of the fatal effects which so often followed the eating of the mussels, death resulting in some cases in from three hours to two or three days after ingestion of this food. This ptomaine must have found its way into the substance of the mussel after being developed by bacilli in the waters from which the fish were taken, as the ptomaine was not found after the fish had existed

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for some days in clear water, although non-poisonous mussels from clear water became poisonous if placed in the shallow, filthy water for a short time; nor was it found in the fish taken from the deep water, even after their decomposition. In 1887 Brieger extracted from the poisonous mussels the ptomaine which has since been recognized by the name given above—mytilotoxine.

Cases of poisoning, *presumably* due to the presence of ptomaines, have occurred in connection with the eating of ham, sausage, canned meats, etc., where as yet chemical analysis has not demonstrated the presence of ptomaines. The poisonous results may, however, in some cases be due to the presence of metallic poisons. Cheese, ice cream, and milk have in many instances been proved to be the *nidus* in which poisonous ptomaines have been developed. Many of us may in our own experience have known of instances where eating of some of these milk products has been followed by marked symptoms of poisoning, such as violent vomiting, purging, collapse more or less marked, with great pain in the digestive tract. Most of the cases of this kind of poisoning have doubtless recovered. Fatal results have, however, not infrequently followed.

Prof. Vaughan and Novy report several interesting cases brought to their attention by the Michigan Board of Health, and subsequently other cases reported by physicians, and especially since he was able to isolate, and demonstrate in those cases the presence of a ptomaine which he has named tyrotoxicon.

In 1887, Drs. Muir and Vaughan observed and carefully noted symptoms and histories in four cases of milk poisoning, of which three terminated fatally. Tyrotoxicon was obtained from a specimen of the milk used, and also from the contents of the intestines in one of the fatal cases. See p. 67 and *seq.*, V. & N.

In 1887, Vaughan and Novy obtained tyrotoxicon from ice cream which had seriously affected many persons at Lawton, Mich. In this case, as in many others of ice cream poisoning, the flavoring extract, vanilla, had been credited with doing the mischief. See p. 82, V. & N.

Somewhat curiously it has been found that several of these "putrefactive alkaloids" resemble very closely, in their effects upon the human organism, the vegetable alkaloids, such as

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strychnia, conia, morphia, etc. A knowledge of this fact is of importance to such chemists as may have occasion to make analyses of the bodies of persons dead from suspected poisoning. This was forcibly shown in a case reported by Vaughan. In 1876, Gen. Gibbon, an Italian of some prominence, died so suddenly as to give some good reason to believe his death was not due to natural causes. His servant was accused of having something to do with his taking off, by the administration to him of poison. Two chemists of some reputation, after an examination of the dead body, reported that they found the presence of delphine in the viscera. It seemed somewhat improbable that the servant should know anything of the properties of so rare a substance as delphine, or that he should have been able to obtain it. Two or more varieties of staphiragria grow in southern Italy, however, and it was supposed possible that the servant had used some preparation made by himself from this plant. In the doubt as to the accuracy of the conclusion arrived at by the chemists employed in the case, the alkaloids obtained by them were submitted to Selmi for further examination and study. Under certain tests the reactions were found to be those of delphine, while under other tests the characteristic coloration of that drug failed to appear. Tested physiologically upon the arch martyr of science, the frog, it was found that while delphine arrests the heart in diastole, the alkaloid in question arrested it in systole. Hence it was concluded that the alkaloid found was a probable product of decomposition of the body of the general, rather than the cause of his death. The servant's life was saved through the greater care in manipulation and observation of the more eminent chemist.

Other medico-legal investigations made in Italy, where, perhaps, poisoning is rather frequently practised, have brought to light several ptomaines resembling drugs, such as a conüne-like substance, another like nicotine, one like strychnine, another like morphine, still another like atropine, another like digitaline, one like veratrine, one like delphine, as already told, and, lastly, one like colchicine.

In all, Vaughan names forty-three different alkaloids discovered at the date of the publication of his book, something over a year ago. Of these, nineteen are designated as poisonous,

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while twenty-four are not so. The poisonous ptomaines are designated as toxines: some of them are as yet known as bases with a certain chemical composition and with certain reactions to tests, but have not received names. Of the poisonous ptomaines we can name the peculiar toxine of tetanus, which injected into the frog produces tetanic convulsions and death; tetanotoxine; typhotoxine, the ptomaine of typhoid; tyrotoxicon, found in milk and its products; peptotoxine, found in connection with peptones under certain conditions; mytilotoxine, found in mussels. In the poisonous list we find muscarine, neurine, and several more.

The practical points in the discussion of ptomaines to the practising physician and surgeon are the relationship of those substances to the etiology of disease; and we wish we could add the light it should give us on the proper method of treatment of disease. In this last particular the practical value has not yet been developed as it will be, though, with a fuller knowledge of the processes of disease, we can now hope to be delivered from many absurd and many often dangerous plans of treatment which we might otherwise adopt.

It is too late now to question the relationship of germs, microbes, micrococci, bacilli, and bacteria to disease as causative agents. The work in this direction has been so often and so thoroughly done, and is now so frequently repeated, that results must be accepted as true in respect to many diseases. With improved methods and more patient research, a larger number of diseases will doubtless be added to that already established as germ diseases. I find a list made two years ago or more, which contains 116 species of bacteria which have been studied by cultivation. Of these, 70 only are regarded as pathogenic, while 27 only are concerned with diseases found in the human subject. More remain to be found; for in the case of some diseases in which we have long been fully prepared to accept the germ theory as explaining their etiology, no micro-organism has as yet been identified as the peculiar causative agent. I refer to variole, scarlatina, etc. In malaria I see very lately that observers are coming to believe that the germs have been found in the plasmodium. Let me briefly recall the points made by the chief promoters of the germ theory

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as requisite to establish the relationship of cause and effect between germs and disease, that we may more clearly see what is still wanting to the theory. According to Koch, four conditions must be fulfilled: 1. The special bacterium of any disease must be found in every case of the disease if the search is properly conducted. 2. The bacterium must be isolated, that is, freed from all material derived from matter in which it is found, or in contact with which it may be placed,—that is, it must be subjected to careful culture. 3. This isolated micro-organism, introduced to the body of a healthy animal, must produce the given disease. 4. The micro-organism must be found in this diseased animal.

Let all these conditions be complied with, and we still have not explained the how and the why of the disease, although we have approached a step toward it. We believe that upon introduction to the body these germs give rise to two kinds of action. The first is local. There are established certain changes in the tissues, consisting in part, most likely, in the breaking up of the structure concerned into different chemical forms. The second action is general. In this form we find fever and the usual concomitants of that state, which may be so severe as to be fatal. The microbes, we believe, in attacking the tissues, attack the cells, both the leucocytes and the cells peculiar to the tissues involved in this action. The different bacteria seem to have in the body points of election, as seen in the exanthemata and in typhoid.

Still the question recurs, How do these micro-organisms produce disease? Several theories have been proposed to answer this question. First, it was attributed to deoxidation of the blood. Anthrax was one of the first diseases in which the relation of germs to disease was proven. Experiments showed a lack of numbers of bacilli in this disease which would be essential to any extensive deoxidation of the blood. The main ground for originating this theory was, that the bacilli of anthrax were aerobic, and that they derived their oxygen from the red cells. But it was soon found that other pathogenic bacteria were anaerobic, and did not require oxygen at all. Further, in many diseases bacteria are not found in the blood at all. Hence this theory was necessarily abandoned.

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Second, came the mechanical interference theory. According to this, bacteria caused disease by accumulating in large numbers in important organs, and thus mechanically interrupted their functions, as in the lungs it was believed that emboli arrested the circulation, and so caused death. Careful study of the condition of important organs fails to show any such accumulation of bacteria, this theory going the way of the first.

The third theory was, that disease was due to the consumption of the proteids by the bacteria. This theory fails, as the fatal termination of many germ diseases is too rapidly reached to warrant a belief in this theory. Other insuperable objections are also found.

The fourth theory is, that the bacteria destroy the blood cells and cause them to disintegrate rapidly. This will not account for all cases of disease, for in some the bacteria are not found in the blood at all. I see that this is the theory lately adopted as to the action of the plasmodium of malaria.

Fifth, comes the theory that disease is due to the action of chemical poisons developed by the action of bacteria on the fluids or solids of the body,—that is, to the action of ptomaines. This theory seems at present to be the true one, and capable of being conclusively demonstrated to be correct. Let us cite a few facts from our author, which, if they are facts, establish this position.

1. *Anthrax.*—Recently Hoffa has obtained from the pure cultures of the bacillus anthracis a ptomaine which, when injected under the skin of animals, produces the symptoms of anthrax, followed by death.

2. *Tetanus.*—Experiments with the cultures of the supposed germ of tetanus have resulted in the finding of four ptomaines, which may be but modifications of the same ptomaine, as they are all poisonous and all produce symptoms somewhat alike,—all causing tetanus, with varying convulsive manifestations.

3. *Typhoid Fever.*—The bacillus discovered by Eberth in 1880 is now generally received as the true germ of typhoid. In 1885, Brieger obtained from pure cultures of this bacillus a toxic ptomaine which he named typhotoxine. This produced in guinea pigs a slight flow of saliva, frequency of respiration,

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dilatation of pupils, profuse diarrhœa, paralysis, and death in from 24 to 48 hours. He found no fever in the pigs, however. In 1887, Vaughan and Novy, with ptomaines derived from pure cultures of typhoid bacilli, caused in cats an elevation of temperature from 2 to 4½ degrees. In this disease it is probable that the bacillus grows and multiplies in the intestines, and forms the poison,—the ptomaine,—which, being absorbed, is followed by rise of temperature, etc. The intestinal lesions may be due to local action of the bacteria, or to local irritating effect of the ptomaine.

Cholera Infantum.—Due to tyrotoxicon, possibly.

Puerperal Fever.—Due to ptomaines developed from bacteria.

An infectious disease, then, arises when a specific, pathogenic micro-organism, having gained entrance to the body when the conditions are favorable, grows and multiplies, and in doing this it elaborates a ptomaine which induces its characteristic effects.

Thus we reconcile the views of those who held that disease was due to a chemical poison rather than to a germ, with the views of those who held exclusively to the germ theory.

We find that each year brings to our attention new terms for use in speaking of scientific subjects, with which we soon become more or less familiar, and whose meaning becomes more and more definite as knowledge in regard to them increases.

DISCUSSION

Opened by Dr. I. A. Watson, of Concord.

Mr. President: There is one very unfortunate feature in Dr. Frost's paper for the man who is assigned to discuss it, and that is, he has covered the ground so completely that there is little remaining to discuss so far as the paper itself is concerned. I think his paper is a very complete synopsis of our present knowledge of ptomaines, and in that direction but little, if anything, can be added.

The subject has been more carefully and more thoroughly investigated by Prof. Vaughan at the University of Michigan

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than by any other investigator in this country, although Dr. William K. Newton, of Paterson, N. J., has also made some original investigations, and thus fully confirmed the work done in the laboratory of the University of Michigan in this respect.

Now, without going into a discussion of the great number of ptomaines that exist, or into a consideration of those more directly connected with the practice of our profession, I would say that it seems to me there is a practical application in possessing a thorough knowledge of the subject of ptomaines, that is, it is of practical importance to the practising physician that he should understand the nature and character of ptomaines, in order that his treatment of the cases may be scientific. I have no doubt but that I have met with a great many cases in my own practice that have been caused by ptomaines, cases exclusive of infectious and contagious diseases, in which we have not recognized the cause of the trouble. In cholera infantum, for instance: I have no doubt that many cases of cholera infantum are caused by the nursing-bottle; in fact, I think it is the greatest factor in the production of ptomaines fatal to children that exists to-day—the ordinary nursing-bottle. More particularly is this so in manufacturing centres, where the care of the nursing-bottle is neglected among that class of people who work in factories, etc., and it is among this class that this trouble more generally prevails.

These ptomaines have been found, as Dr. Frost has told you, in ice cream, cheese, ham, canned meats, and other articles of food. Not long since, an investigation, or partial investigation, made by some association, into the report of cases of poisoning from canned meats, showed that the so called cases of poisoning from the cans—from metallic substances in the cans—were due to ptomaines rather than any metallic substances. Indeed, I think there is a standing price offered for the discovery of any direct poisoning in the metal used in the canning business by the association. Now, then, in the consideration of the subject of ptomaines we have what I believe to be a practical question. It is not wholly theoretical,—in fact, it is not theoretical. If there is anything demonstrated to-day in the practice of medicine, or in the pathological conditions, it is the germ theory;

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and the ptomaines which have been mentioned in this paper have been positively demonstrated.

They have been often produced experimentally in milk, placed in certain conditions of heat, moisture, etc. Prof. Vaughan has succeeded in several cases in producing that condition, or keeping milk under such conditions as to produce these germs. In some experiments it has failed. For instance, in perhaps twenty cans of milk placed under precisely the same conditions, kept in the same room, under the same degree of temperature, the poisonous ptomaines have been found in two or three cans and not in the rest, while the germs of putrefaction have been discovered.

The whole question is in its infancy: we are still upon the border-land of this question, but I think enough has been presented to make it of vital interest to the entire profession. I think that Dr. Frost's paper has very fully and carefully covered the whole field. Indeed, I do not feel competent to discuss a paper that is so complete in itself.

Dr. J. H. Wheeler, of Dover. I think there is no physician present but has been greatly interested in the paper given here. It certainly is in the direction of careful study of the causes of disease, and I think the germ theory has, in a rough way, quite a demonstration, when we look over the history of therapeutics. As we look over the treatment of diseases of our fathers, our predecessors, we find that the agents upon which they mostly relied in the treatment of disease are what we now understand to be our best antiseptics. I suppose we are hardly so firmly upon the ground as to be able to say that all disease is produced by specific germs, but it certainly seems to be the opinion of some of our best investigators that we can say that. For instance, the distinction which is drawn between septicaemia and scarlatina would seem to exclude the idea that all poison is produced by a germ, and it also seems to be the opinion of some very competent observers of disease that we may become our own poisoners; that we may develop within ourselves certain alkaloids, which have been termed, I believe, lukmoids, by which we may generate disease within ourselves; and I don't understand that as yet it has been clearly proven

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that in these instance there have been found germs as producing causes. It seems to me that the question before the profession at the present day is this,—whether, in all these instances, these chemical products, which we first designated as the causes of disease, are the products of germs, or whether they are purely chemical products, resulting, perhaps, from molecular action.

I have no disposition to criticise the paper. I think it is the best summary of the question that I have ever listened to or ever read; but I believe we are not yet upon firm ground, and that we are, in a rough way, only on the outside. There is a strong intimation that there is underlying all these processes something which we term a germ, for the history of the treatment of diseases, as well as our own experiences, would go to show that antiseptic treatment is the treatment most effectual in dealing with disease.

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GYNECOLOGY.

LAPAROTOMY — UNILOCULAR PAPILLOMATOUS CYST OF LEFT OVARY.

BY DR. WALLACE-RUSSELL, CONCORD.

September 18, 1889, I first saw Mrs. A——— at my office, and learned the following history:

Age, 46. Widow, childless. Health never equal to the average woman. An epithelioma was removed from her nose some twenty years ago, and was operated upon for hemorrhoids ten years later. Cannot remember for years when she has not suffered with intercostal neuralgia, more or less severe in left side, and pain in left iliac region.

For the last three years has suffered more. Menstruation has been painful and profuse, appetite capricious, anorexia, vomiting easily provoked, tendency to diarrhœa, sense of weight in abdomen when obliged to be on feet for a long time. A paternal aunt had died of malignant disease.

Physical examination.—Facies sallow; respiration short and labored after her walk; pulse weak, but regular; no valvular lesions; her general appearance showed great weakness.

Abdominal examination.—Dulness in left lumbar, inguinal, and supra-pubic regions; some ascitic fluid. Umbilical measure, thirty-eight inches; no difference in measure of two sides. Internally, found the uterus retroverted, immovable, fundus enlarged, a bloody, serous discharge flowing out. The sound seemed to meet with obstruction, but was passed four and one half inches. I found the same immobility of the parts in change of posture as after pelvic peritonitis. Applied pure carbolic acid to endometrum as far as possible; glycerine tampon in Douglas cul-de-sac. ℞. Supp. ergotine, gr. v; Ext. Bell. gr. ¼, every night; hot douches daily.

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September 22. The pain and flow had increased, but the uterus was contracted firmer; a small, fibrous polypus was presenting at internal os, which accounted for the increased suffering.

The ergotine was continued till September 27, when the polypus was removed with ecraseur. From this date menorrhagia and metrorrhagia ceased.

She kept her bed three weeks, and, with a prescribed diet, the digestion was much improved. The abdominal measure was one inch less, intercostal pains the same without the use of anodynes, the pelvic pains very much relieved. Internal treatment was continued—hot douches, absorbents, and alteratives.

A urinary analysis had been made several times with negative results as to the cause of the ascites. Diuretics availed but little,—even tried the large doses of calomel.

November 25. She attempted to shake the furnace, felt something tear or give way near the umbilicus. Very soon severe pains set in, followed by chills, and peritonitis developed. This was treated with hydrarg and salines at first, and then with the opiates. At that date I had not used the ice-coil for pain, but since seeing such excellent results from its use, I should employ it in all such cases, as far preferable to opium.

From November 30 to December 14, blood was passed with the stools nearly every day, in the form of small clots and mingled with the fæces. At this date she measured 42 inches; as the inflammation subsided, the ascitic fluid lessened till she measured but 38 inches again. About the first of January, I discovered a cyst, or, rather, supposed it to be the encysted ascitic fluid from adhesions. Her temperature remained above normal—from 99.5° to 101°—during the month of January. Her general condition was on the retrograde; no appetite; vomited nearly every day; suffered most from exhaustion,—she could not rest on either side; steady increase in size, and with a marked difference in appearance from when so much ascitic fluid was present.

At this time Drs. Conn and Holbrook saw her in consultation. They believed there was one or more cysts, but that her history, her cachectic appearance, and extreme weakness con-

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tra-indicated an operation, and that wherever the growth was situated, it was malignant; that an exploratory incision was the only means of a correct diagnosis, but doubted even if she could stand that. The patient accepted, and preferred an operation.

February 15, 9 A. M. Dr. Mary Smith, of Boston, assisted by Dr. Culbertson, operated. A small incision was first made; no ascitic fluid escaped; a tumor presented *in situ*, bound by many adhesions. The incision was lengthened, and sixteen pounds of dark fluid were removed. Evidently there had been a hæmorrhage within the cyst. It was found that the cyst was adherent by firm and vascular adhesions to omentum, cœcum, vermiform appendage, several coils of small intestine, bladder, and front walls of uterus, which was pushed over against the rectum. Considerable time was required to separate these, but few ligatures were used. There was great difficulty in forming a pedicle without injury to other parts. The pedicle was treated in the usual manner, thoroughly cauterized, because the base was so large, more like the stump after an hysterectomy. There was considerable oozing from the abraided surfaces. Copious irrigation with boiled water from 105° to 120° was used in the abdomen till the water ran clear and the patient's vital forces in a measure restored. There was no sponging the parts, and quite a little water was left in the cavity. The incision was closed, a glass drainage-tube *in situ;* one suture in the place of tube not tied until after the tube was removed the following day. The wall of the cyst was very thin in some places, and contained firm bands in others. Numerous polypi, from half an inch to two and one half inches in length, were clinging to portions of sac internally. The operation lasted two hours.

Some points were of special interest to me during the operation. When the fluid was withdrawn, the heart's action was stronger, more volume to the pulse; as the operation continued, the pulsations grew weaker and more frequent, and at times would lose the radial pulse. Brandy was freely used. It seemed that the patient must succumb; but immediately on using the hot water the bleeding was checked. The symptoms of shock, which were present to an alarming extent, were at once relieved by the hot water. The result was magical. I

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could but query, What is the action of this hot douching of the abdominal cavity, beside cleansing the parts and as an hemostatic? Does it again make pressure upon the relaxed blood-vessels to restore the endocardial tension, since the precardial pressure has been removed? Does it give warmth and tone to the viscera, or is its action upon the sympathetic system? Its action is so sudden that it certainly could not be by absorption.

Since then, these points have been ably written upon by Dr. Abbott, of New York, in the April number of the *Obstetric Journal*. Those who have not read the article should read it with careful attention.

Three hours after the operation, ʒiii of bloody water was drawn from the drainage-tube.

5 P. M. Temperature 101.2°; pulse, 124; respiration, 23. Complained of pain in the abdomen, and the ice-coil was applied.

6 P. M., 12 P. M., the 16th, 7:30 and 11 A. M., ʒi of bloody fluid was removed from the tube; and as it was still bloody and the pulse was weak, the abdomen was again washed out, and with the same gratifying result. The tube was then removed, and the suture closed.

The coil was removed when she would complain of the weight or cold, and applied again when she felt the pain.

February 16, 12 o'clock. She had been given nothing but hot water to sip, and Cushing Process rum as needed; complains of pain in stomach and nausea. ℞. Hydrarg. chlor. mit. gr.ii every hour till three powders given, and these to be followed by sulphate magnesia ʒi in plenty of water every hour till three doses given. She slept at intervals, and took barley-water for nourishment.

11 P. M. Bowels moved freely.

February 17, 6 A. M. Temperature, 99.4°; pulse, 109; respiration, 18. Beef juice and gluten food added to diet.

February 18. Milk and bovinine added to diet; patient comfortable; no pain.

February 19, 6 A. M. Temperature, 100°; pulse, 107; respiration, 17. Sulph. magnesia ʒi; good movement; no pain. Later in the day detected mitral murmurs; heart's action weak and labored. ℞. Tr. digitalis mx every six hours.

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February 21. Complains of pressure to head; palpitation of heart, right carotids pulsating; hemicrania. Applied ice-coil to head, and combined ergot with the digitalis. Symptoms were of embolus, and treated accordingly.

February 22. Sutures removed, healing by first intention. Temperature, 99.8°; pulse, 93; respiration, 18. Pain in head continues if ice-coil is removed; heart murmurs the same.

February 25. Heart's action more labored; changed from Tr. digitalis to Pil. strophanthus Conp. every four hours. ℞. Phenacetin gr. x in evening to give a good night's rest.

February 26. Very comfortable; enemas of lamb broth ʒ iv to be given morning and evening.

February 27. Discovered a stitch abscess where the tube was; discharged about ʒii. This was dressed with balsam copaibae and iodoform gauze, and healed readily. The hemicrania gradually subsided. As she regained her strength, the heart murmurs ceased. Convalescence was slow, as she had not only to recover from the operation, but from months' sickness previous to the operation.

Now, if we have so simple and yet so powerful an agent as hot water to save our patients at the time of operation from surgical shock, have we not in our medical armentarium some remedy to lessen the number of deaths from reported "heart failure"?

One more point of interest: Are these papillomatous growths malignant, or not? There is a difference of opinion, but the majority of the best surgeons and pathologists consider them malignant; and here is one strong point why exploratory incisions are much safer for diagnosis than aspiration, and why we should so carefully avoid letting any of the contents escape into the abdomen.

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CASE OF COMBINED INTRA- AND EXTRA-UTERINE TWIN PREGNANCY.—FULL TERM.

REPORTED BY DR. A. H. HARRIMAN, LACONIA.

November 23, 1889, I was called to attend Mrs. W., aged 32, who was in labor for the first time, married three years. She appeared healthy, but very spare, which was her custom. Lying on the bed, her abdomen was uncommonly large, and presented an appearance I never witnessed before, viz., just above pubes a firm, rounded eminence, which I took for a child's cranium, presented itself, raising the integument and underlying tissue the thickness of one's hand. In the right lumbar region, directly opposite the umbilicus, a smaller eminence appeared, and directly above the umbilicus, at the fundus, two still smaller points in close proximity were presented. I cannot say positively what these latter points were, although the parietes were stretched to an extreme thinness. I supposed I had an ordinary case of twin pregnancy at full term to attend. (The woman said she had gone her full time, and could not be mistaken more than two weeks.)

Being called at 10 P. M., labor continued in the usual way till 5 A. M. next morning when a seven pound living female infant was born, followed very soon by its placenta and membranes. All pains ceased, but evidently another child, apparently full grown, was in the abdomen. All pains stopped till about 6 P. M., November 24, and I saw her two or three hours later. Very strong pains were putting in their work, but after waiting till 2 o'clock A. M., November 25, I decided to call assistance, which I did in the form of Dr. H. E. Mace, of Laconia. We administered chloroform, and each in turn passed a hand into the uterus, but it was entirely emptied, and between our hands in making bi-manual manipulation a child, probably as large as the one born, existed, extra-uterine. The head was above pubes of mother, back to front of mother. The limbs, hands, and feet were easily recognized through the intermediate tissues. No signs of life were manifest at any time in the extra-uterine child. After recovering from the chloroform very powerful pains followed, which were quelled only with large

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doses of opiates. These recurred for eight nights with equal frequency and force, leaving the woman comfortable during the day-time. At the end of twelve days very little pain existed.

The treatment has been entirely expectant, and aside from the after-pains, if proper to call them "after-pains," there has been no untoward symptoms. At the end of two weeks a very appreciable diminution in size of the tumor had occurred, and it assumed a more nearly globular contour. This has gone on, as far as I know, to the present time. I have not seen the woman since the last of February, 1890. At that time the tumor was about the size of a large cocoanut. She was then doing her own housework and caring for her child. She has been well since. All knowledge of her condition has been kept from her, and she does not yet know her exact state, to my knowledge, owing to an over-zealous action on the part of her husband and friends, which has been the means of placing me in an awkward and apparently false position in acquiring the full history of the case subsequent to confinement. As near as I can learn, the course of gestation proceeded in a quiet manner, except that at about the fourth month she had considerable pain in the abdomen, and the last eight weeks were painful, difficulty in locomotion being experienced, but she being of an uncomplaining nature, no physician was called, and she did the housework for herself and husband up to the last day of gestation.

This experience was something new to me. I did not know that such a thing ever existed, although Prof. Lusk speaks of it, and refers the reader to the "American Gynecological" transactions, Vol. VI, where there are twenty-four cases reported by Dr. B. B. Browne, of Baltimore. This is the edition of 1881. Doubtless others have been reported, but I do not remember reading them. Facts gleaned from Dr. Browne's table are as follows:

Ruptured at 3d month and mother died,						6 case.
Fœtus passed per rectum at 3d month, mother lived,						1
"	"	"	4½	"	"	"	1
"	died and retained at		5th	"	"	"	1
"	removed per vagina		6th	"	"	"	1

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Laparotomy, 6½ month, mother died,	1 case.
Without rupture or operation, 7th month, mother died,	2
" " 9th " " "	3
" " 9th " " lived,	3
Laparotomy for both children, 9th " " "	1
" " " 9th " " died,	2
Secondary laparotomy, 9th month, mother lived,	1
Primary laparotomy, 9th month, mother died,	1

Dr. Browne relates only one case that resembles mine in that the extra-uterine fœtus was retained harmlessly, although only a year's history is reported of this woman.

For treatment of these cases I would suggest, in case of rupture or presence of hectic, Do laparotomy, if all is well and one concludes to operate. Do the secondary operation not earlier than the fourth, or, better, the sixth, month or later.

DISCUSSION

Opened by Dr. S. C. Whittier, of Portsmouth.

I was very much pleased with Dr. Russell's paper, and I do not know but she has discussed it almost as fully as it can be under the circumstances and with the limited time that is given to all except the one opening the discussion. The case was a very interesting one, and to me especially so, as she reports it very fully. The case, I believe, was discussed as papillomatous. Was that the diagnosis?

Dr. Russell. Yes, sir.

Dr. Whittier. Those tumors, as a matter of course, are very dangerous, and very necessary to be gotten rid of at as early a date in the case as possible, and an exploratory incision, it seems to me, is the only way that we can diagnose these cases, or, in fact, any of those cases of abdominal tumors, with any safety. If we attempt to asperate or to diagnose with the needle, there is danger of discharging the fluid into the abdominal cavity, and we are liable to cover the intestines and surrounding tissues with other growths, which it is certainly very desirable to avoid. The point in this case I think the doctor has pretty fully discussed,—the manner of placing the drainage-

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tube and the washing out with hot water. That, of course, is necessary, and perhaps the only safe treatment. I do n't think it at all necessary, however, to wash the parts until the water runs clear. I think that is of very little consequence, providing we use two or three pails of water, and it should be as hot as the hand can be borne in it; I think that has come to be the rule we should follow in every case. There is no trouble in using hot water so long as we can bear our hand in it; and the abdomen will bear, it seems to me, water very hot without any trouble,—on the contrary, with the very best results, the return of the circulation and the reviving of the generally depressed condition of the system. I think the drainage tube in all of these cases is absolutely necessary. It does not matter at all how much liquid from the tumor is allowed to go into the abdominal cavity providing we thoroughly wash it out. I think generally the practice is to leave the tube in three or four days, or until we get rid, as was done in this case, of the secretions, or the washings out and collections of bloody water, etc., and then after the closing of the wound, if after that time any peritonitis or anything of that kind sets in. I do not think of very much more. The case has been so fully reported that we all have got a very good idea of it.

I think that the case that Dr. Harriman has given us is a very interesting one; certainly it was to him, under the circumstances, as he was allowed very little opportunity to do what he wanted to have done. I do n't know as there is very much to be said about it. If it was known at the time that there was a fœtus present, of course it should have been destroyed by a needle with electricity. That is perhaps one of the best treatments to adopt. But if the diagnosis is correct, it seems to have gone up to this time without any trouble, and perhaps the best treatment was adopted. Another year I hope we may have a supplemental report to that case to see what the result may have been.

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SURGERY.

REPORT OF CASES.

BY GEORGE COOK, M. D., CONCORD.

CASE No. 1.—J. B., male, white, born in Canada, single, age 23, occupation brick-mason. 1889, July 2, admitted into the hospital. He gives the following history: Began work chopping when quite young; thinks he may have injured himself by hard work. When fifteen years of age, the right forearm began to pain him; this was followed by swelling; abscesses formed, which were either opened by the surgeon or opened of themselves. Had been in other hospitals, and had suffered many things of many doctors. This state of affairs had been about him for eight years. Part of the time could work, but had been laid up for a large portion of the eight years. Upon examination, the palmar aspect of the right forearm was covered with cicatrices. Near the median line, and two inches from the wrist, was found an opening, from which a piece of bone protruded. Under ether the opening was enlarged, and a portion of the radius four inches long and one inch wide was removed. This fragment was detached from the shaft, and evidently had been for some time. Wound dressed by drainage tube and usual gauze with iodoform. July 4th, tube removed. July 6th, wound nearly healed; patient transferred to out department, and in a few days was discharged well. I have seen the man within a few days: the arm is sound, and he has been able to work every day since. The point of interest is, that we were able to do what nature had been trying to do, viz., get rid of a fragment of dead bone. When this was done, the patient got well.

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CASE No. 2.—C. M., male, white, single, American, age 17, occupation railroad brakeman. 1889, August 13, while making the "last hitch," the right hand was caught between the drawing-irons; result, compound-cominuted fracture of all the fingers except the little one. The distal ends of the four metacarpal bones were all exposed, and the integument on the back of the hand destroyed up to a line on a level with the distal end of the metacarpal bone of the thumb. He was removed at once to the hospital, where, under ether, the wound was cleansed and the ring finger removed; and while little hope was had of saving any of the wounded parts, it was decided that a primary operation would result in the loss of almost the whole of the hand. Being a young man, dependent upon his labor for support, we concluded to await results; parts put in as good position as possible; dry dressing of gauze and iodoform; hand put into a splint and placed upon hot-water bags. August 15, patient seen in consultation by some of the staff, who advised the same course of treatment for a few days longer. August 22 we amputated. After removing all the broken and sloughing tissue, the distal extremity of the metacarpal bones of the thumb and three fingers were taken off, and the whole wound left to granulate, which healed very rapidly. After ten days, transferred to out department. September 30, discharged well. Our delay in operating gave us a chance to save all that could be saved, as at no time was there any indication of septic trouble. The young man has a very useful part of a hand left. With the little finger and the remains of the metacarpal bone of the thumb he can pick up a pin.

CASE No. 3.—O. S., female, white, aged 38, married, American, occupation house-servant. 1887, September 19, admitted to the hospital, with the following history: Seven years previously she received a blow over the nose with the large end of a whip. Pain and swelling followed. Abscess formed, discharged pus and pieces of bone; ulcerative process kept up for two years, when the nasal bones and the osseous nasal septum had become entirely destroyed. The tip, or cartilaginous portion, of the nose remained, and an elliptical opening one inch long by one half inch wide. For five years before her

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admission to the hospital she had been in the habit of wearing a piece of adhesive plaster cut to just fit on the edges of the opening. There were also two openings in the hard palate, which were quite small. She stated that at the time of receiving the blow she was pregnant. She had had two miscarriages before, and this went to full term, and is alive now at ten years, but has always been a feeble child; and she also states that previous to the blow she never had any "humor or sores about her." She had been under the care of different physicians, and all used some form of specific treatment. While the blow may have been the exciting cause, some constitutional taint must have been present.

As she had been under a course of iodide treatment before entrance into the hospital, she was put on to hydrarg-proto-iodide ¼ gr., one pill daily at bed time, and tr. cinchona co., one drachm three times daily. September 20, with local use of cocaine, we tried to cut away the mucous membrane that had become cicatrized about the holes in the hard palate, and bring the edges together, hoping to close the hole with mucous tissue; but the bony substance about the palate broke into bits as soon as it was touched, and the mucous tissue was so easily torn that we found it impossible to do much here; indeed, we made the holes larger. The next day, September 21, under ether, we attempted to fill in tissue over the nose. Taking the piece of adhesive plaster—which by long practice she had learned to cut very accurately—as our pattern, it was placed in an oblique position on the forehead, so that the pedicle would come near the internal angular process, and the whole tissue down to the aponeurosis of the muscle was dissected up, leaving a pedicle about one eighth of an inch wide; then, having freshened the edges of the old wound of the nose, the new tissue was brought into, and just filled, the gap. A number of fine sutures were put in to hold the parts in position. The wound in the forehead was drawn together by strong sutures, and the whole dressed by iodoform and gauze. September 30, *healed*, the nose graft had become firmly united, and the wound in the forehead was entirely well. She was kept in the hospital for some weeks under specific treatment. Dr. G. A. Young, of this city, made an artificial plate for the mouth, which keeps

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food from getting into the nasal cavity and enables the patient to talk much better. I show you the patient, who has kindly consented to be present.

REPORT OF DIFFUSE CALCIFICATION OF THE VASCULAR SYSTEM IN A CASE OF FRACTURE.

BY W. D. CHASE, M. D., PETERBOROUGH.

Charles M., 63 years of age, a tall, slender, and erect man, by occupation an iron moulder; in habits strictly temperate, never having made use of alcoholic spirits during his life.

On the morning of August 3, 1889, with slippers on his feet, he was engaged in arranging a shelf, and was standing upon a step-ladder, when the steps gave way, causing him to jump or fall a distance of about four feet, striking upon his feet, more particularly his left foot. He immediately found that he had sustained a severe injury to his left leg, and, being sent for, I found that he had sustained a compound fracture of the tibia and fibula just above the mulleoli, and that the tibia had protruded through the flesh a distance of half an inch. The patient was placed upon a suitable bed, traction made upon the foot, and the bones brought into apposition. The wound in the flesh was united by a few stitches and adhesive plaster. The fracture, as far as possible, was made a simple one. Over and above the wound was applied carbolized gauze, and bandages were applied to the foot and leg. The limb was placed in a splint, and directions given to keep the dressing about the wound moist with a solution of carbolic acid. In a few days the wound had united nearly its whole length by first intention. The health of the patient was excellent, little or no fever resulted, and the patient declared that, he never felt better in his life.

In about ten days after the accident the wound began to assume unfavorable conditions. The newly healed tissue gave way, and there was quite extensive sloughing of the skin and cellular tissues about the wound. A small portion of the upper fragment of the tibia became denuded of the periosteum, and

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the uncovered bone began to change in color. At this juncture of affairs I asked the advice of Dr. G. P. Conn, of Concord, who, on the morning of August 17th, excised about half an inch of the tibia a little above where the periosteum was destroyed. The bones were brought into apposition, and the limb placed in a wire splint. The wound was washed two or three times daily with a fountain syringe with a 1-4000 solution of corrosive chloride.

The wound at once assumed a healthy appearance, granulations were thrown out, and apparently the wound was doing well. But in about two weeks the favorable conditions changed. The wound ceased to heal; sloughing again commenced. In a short time the whole ankle and the tissues of the limb became boggy. It was clearly apparent that the limb must be sacrificed. The health of the patient remained excellent. He took three good meals daily, slept of nights, and declared that he never felt better. The functions of the bowels were daily performed, and an examination of the urine showed nothing abnormal. The heart sounds were natural, but the pulse was quick and irritable.

A condition of things was now noticed which had not been observed before, either by myself or any of the physicians who had seen the case, viz., a diffuse calcification of the arteries. The radial, temporal, popliteal, in fact all that could be felt, stood out hard, firm, and incompressible. This condition of things we were quite sure had developed since the accident.

Again we asked Dr. Conn to see the case, and on September 17th the limb was amputated between the upper and middle third. Much difficulty was experienced in ligating the arteries, for as soon as traction was made upon the ligatures the vessels would crumble and give way. There was a calcification of the deep arteries as well as the superficial. The vessels were finally secured by including a mass of muscular tissue. A dissection of the ankle at this time showed that not a particle of bony material had been thrown out at the end of either the tibia or the fibula.

The wound of the stump was treated antiseptically. The patient was ordered to take tonics and stimulants, and during the course of the tonic treatment we prescribed the syrup of

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phosphate of iron, quinine, and strychnine. In a few days delirium developed, and he seemed like one intoxicated, and such he declared himself to be. A withdrawal of the tonic and stimulant soon restored his brain to its normal condition.

It is needless to go on with the details of the case, but after a long, slow, and tedious process, the wound finally healed. During the long confinement to his bed, some sixteen to seventeen weeks, his health remained excellent. During the convalescence the arteries became less firm and hard to the touch, and more compressible. To-day there is an atheroma of the radial arteries, but I cannot find this condition of things anywhere else, although probably it exists. The atheroma at the radial arteries would hardly be noticed unless one's attention were especially called to it. Undoubtedly in this case atheroma existed before the accident.

Atheroma is a chronic disease, and is seldom absent after middle age. At the same time there is ample proof that it is inflammatory in its nature, and largely dependent on mechanical strain. This form of vascular disease is more common in men than in women; and, among the latter, is more common to those accustomed to hard, manual labor.

The calcification that occurs in this disease is a secondary result, but calcification may occur as a primary condition. Calcification is an indication of diminished nutritive activity. This is true both as regards health and disease. "Physiologically, the deposition of lime salts is the last of the series of changes concerned in the formation of bone where it is purposive, inasmuch as it gives the desired durability, but at the same time it marks the loss of formative power of the osseous corpuscles." Pathologically, it may occur as a primary change in previously healthy tissue, but more frequently it is consecutive to some other form of failure in nutrition—inflammatory or degenerative.

It would seem in this case that through some failure in nutrition the lime salts which should have gone for repair were wildly diffused through the vascular system. The case is of interest from the fact that calcification of the vascular system may, in some instances, account for the non-union of fractures.

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DISCUSSION

Opened by DR. HILL, of Dover.

The cases reported have been so fully and so clearly reported that I have hardly anything to say in relation to them. The first case by Dr. Cook is a very interesting one, and it seems to me that the result of the treatment was remarkably successful. It is doubtful, as he says, whether he has got the whole of it, but still it is a very interesting case and a remarkable cure.

In the case of the injury to the hand, I was very glad to hear him say that he waited as long as he did to see what nature would do. In a great many cases, I think, nature would make a cure for us, or, at least, an improvement without operation. Very many surgeons operate too soon. They do n't wait to see what nature will do.

Dr. Chase gives us a case also of rare occurrence. I think he intimates in his paper that the diseased condition of the vessels might have existed prior to the fracture, and he says that a similar condition now exists in the vessels of the arm. He says he finds some disease of the radial artery. I have no doubt that the diseased condition of the vessels existed prior to the fracture, and provoked or advanced the disease. I have no question upon that point, and also that the lime deposit, or calcareous condition, existed chiefly at that time in consequence of the injury. He does not say whether the bones were put and kept exactly in place or not.

DR. CONN. They were placed and kept in apposition.

DR. HILL. But the swollen and inflamed condition would obstruct the circulation and facilitate such deposit of lime. Such cases are comparatively rare, and yet often occur in aged persons where an injury has been received. The result was very favorable. I should have looked for diseased vessels above the point of amputation, and I am a little surprised when they found the vessels giving way that the disease did not advance above the point of amputation. Amputations are not often performed in cases of senile gangrene, and when it is, the disease often goes on above; so I am surprised that in this

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case the disease did not progress in the vessels above. It seems now that it has affected the arm. The case is somewhat rare in its aspects, and also in its results.

DR. CONN. I don't know that I have anything to add except in regard to Dr. Cook's case of the hand. I saw the young man about two weeks ago. He is watchman in the railroad yard in the north part of the state, where he does the work of attending switches and other labor of that kind. The hand, what there is left of it, is of very great advantage to him. He is able to grasp things with it, and I saw him with the finger and ball of the thumb pick up pins from the table. He takes pride in showing what he can do with what there is left of his hand. This shows that conservative surgery, especially when it is successful, does first-rate. If the man had lost his arm above the elbow in consequence of this waiting, it would not have seemed so much of a success, but so long as the case did not show any signs of surgical fever it was thought best to wait, especially as it was a matter of considerable moment to him that we should save all that was possible.

We have made a practice in our hospital of being as conservative as the conditions of cases would allow. We have practised resection in the saving of limbs, and have had very good success. Last year we had two cases—I think one of them of resection, and the other where there was very little of the bone left; yet, with patience and perseverance on the part of patients, nurses, and doctors, we succeeded in having the men walk around on their limbs, and, they are willing to admit that it is a great deal better than on wooden legs.

In regard to the case of Dr. Chase, I saw it twice. Dr. Chase had been very fortunate in placing the bones in apposition. There was but very little muscular contraction, and the bones, even the first time I was there, would indicate good apposition. At the same time, however, there was half or three quarters of an inch of the tibia that had turned black and was completely denuded of its periosteum. At that time it was hoped that by resection it might be saved, but on opening up the wound to make the resection, it was not deemed advisable, on account of its proximity to the ankle joint and the nature

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of the bones that enter into the composition of the joint to wire the bones together; but with a posterior wire splint it was perfectly easy to bring the bones into apposition, and the wound was left to granulate. I did not see the case again until a month afterward, but I was informed that it did finely. In fact, the doctor has reported that it went on with granulations, and the fracture at one time seemed to be getting in good condition, but all at once that went to pieces. When I saw it the second time, there was no trouble in making out the atheromatous condition of the arteries and in determining the point for the operation. It was found that the arteries of the posterior portion of the leg had become occluded so there was not only atheroma, but embolism, and we had to go a great deal higher than we had looked for by simply examining it anteriorly.

It was decided to make the amputation at that point, as to go any higher would have required amputation at the knee joint, which we did not like to do as the arteries were very much calcified. The blood-vessels were so completely filled with ossific deposit that it seemed doubtful about being able to ligate the arteries, and not be in great danger of secondary hemorrhage. However, by using large silk, and including some muscular tissue, we succeeded in securing the bleeding vessels, and though the process of healing was slow, I understand from Dr. Chase the union was complete in a reasonable period and the patient has a good stump.

In regard to the delirium, I am not quite sure that it was not the result of the deposit in the vessels at the base of the brain rather than of the stimulants and tonics. I have no doubt that in this case both reasons probably obtained in producing delirium. The interesting part of this case is, that when nature had repaired the wound the atheromatous condition is being reabsorbed,—carried away like the superfluous calus where we have a union of the bones that are not in direct apposition, and where an enormous calus is thrown out, and afterward, when the bone becomes strong and there is no farther use for it, we find it is absorbed and carried away. So, in this case, there seems to have been a reabsorption of the lime cells after there could be no use for them either in the construction of tissue or in the union of the bone.

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DR. ALLEN. Referring to the case reported by Dr. Chase, I wish to emphasize the condition of the arteries at the time of the first operation, and at the time of the amputation. I administered the anaesthetic in both of these operations, and I always feel of the pulse and examine the condition of the heart, and I am positive that at the time of the first operation there was but very little atheroma of the radial artery. On being called upon to administer the anaesthetic at the time of the amputation, I placed my hand on the radial artery, and was struck at once with the whip-cord look and feel of that artery, and on investigating further I found the same condition to obtain in the temporal artery and such other of the superficial arteries as were within reach. So I repeat that I am positive that in this month, between the resection of the tibia and its final amputation, a great change had taken place in the condition of these arteries.

DR. HILL. I think it requires a better surgeon to save than to amputate.

DR. CHASE. Dr. Hill expresses surprise because the disease did not extend up higher. Of course after amputation there was no necessity of having new bone, and as soon as that condition ceased the lime already deposited was taken up, just as Dr. Conn has illustrated in provisional callus. If we had kept on trying to unite by placing the bones in apposition, it would have continued and resulted fatally. The amputation of the limb called for no more deposit of bone.

DR. HILAND. There is one point that does not seem to be sufficiently emphasized in these cases, and that is the difference between the upper and lower extremities. You produce an injury in the upper extremities, and it will get well if you do your duty. If it is decently amputated by machinery, let it alone; it will mainly take care of itself. If your foot is crushed you have got to treat it in a very different way or you probably will lose the foot. It seems to me that that lesson should be emphasized. The same treatment that is given to the hand will not do for the foot.

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GUNSHOT WOUNDS.

VOLUNTEER REPORT BY DR. D. S. ADAMS, MANCHESTER.

March 24, 1889, called in council with Dr. J. E. Lemaitre to see Philip Allison, a young man between twenty and thirty years of age. Two men getting into a quarrel the night before, one fired at the other with a thirty-two calibre revolver, missing him and hitting Mr. Allison on the outside of the right leg, midway between the knee and ankle. The bullet passed through and fractured the fibula and glanced downward toward the heel. We introduced a No. 9 French soft catheter, and washed it out every day with corrosive chloride and dressed it with antiseptic gauze until it closed down on to the tube; then we drew it out a little at a time, letting it heal from the bottom, until it was entirely closed. The temperature never reached 101 degrees. A peculiar feature of this case is that the extensor proprius pollicis is completely paralyzed, letting the great toe droop badly. All other motions of the foot are normal; so this probably results from injury to the branch of the anterior tibial nerve that supplies this muscle.

September 6, 1889, I was called with Dr. Lemaitre to Hilaire Racine, age nineteen, of Canadian birth. While four men were chopping wood near Amherst, this state, they caught a hawk in a trap, and in attempting to shoot it the gun was accidentally discharged, letting the charge No. 4 shot into Mr. Racine's abdomen at a distance of two feet. The charge struck one inch to the left of the median line, about midway between the umbilicus and the lower ribs, from an angle of about 45 degrees to the right. The wound was dressed by Dr. J. B. Pettengill, of Amherst, and Racine was sent in a democrat wagon to Manchester. The wad and some of the shot had glanced to the left, but a

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number entered the abdominal cavity, as the probe readily passed through a number of openings into the cavity. The wound was thoroughly washed with an antiseptic wash and covered with antiseptic gauze. The question of an exploratory incision was considered, but it was thought best not to interfere, as there were no urgent symptoms demanding it. There was no vomiting, and no blood passed the bowels. His temperature never reached 101½ degrees. There was a superficial slough about two inches by an inch and a half, which probably caused what little increase of temperature he had. He was kept thoroughly under morphine and allowed only liquid food. He lay abed four weeks, made a good recovery, and returned to work in six weeks from time of injury.

June 1, 1890, was called with Dr. Lemaitre to see Mederic Proteau, aged 22, and of Canadian birth. A party of four men and their wives were in the woods for an outing. One of the party took along a double-barrel muzzle-loading shot-gun. After reaching a pleasant place they sat down on the ground, excepting Mr. Proteau, who took a little stroll around. He saw a squirrel in a tree, and called for the one with the gun to shoot it. The one on the ground raised the gun, the stock resting on the ground, and the muzzle pointing up at an angle of from 30 to 40 degrees. Just at this moment Mr. Proteau stepped in front of the gun and it discharged, letting the entire load, wad and No. 2 shot, into his abdomen at a distance less than four feet. The shot entered one inch to the right, and the lower border was on a level with the umbilicus. The shot struck a match-safe that was in the bottom of his vest, and carried parts of that with them into the cavity. They passed upward and to the right. He held his hand over the wound, walked fifteen or twenty rods to a house, and was carried home in a team. We saw him about two hours after the injury. I could readily pass my finger into the abdominal cavity. We found two pieces of the match-safe and the paper wad in the wall or side of the wound. After removing them, I introduced my finger and felt another piece entangled in the omentum. I enlarged the wound, removed the piece, and as some of the intestines protruded, it gave a good opportunity to examine for injury. I found that they contained liquid contents, and concluded they could not be

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very badly torn. I washed out the cavity with a carbolic solution, removed a number of shot, cut away a portion of the omentum, replaced the bowels, and closed the wound with antiseptic catgut and dressed with antiseptic gauze. We were fully aware from the direction that some of the shot had entered the liver, from which he suffered very severe pain under the shoulder blades. He was kept well under morphine, but soon began vomiting, and vomited quite quantities of blood, probably from the wounds of the stomach. The vomiting continued for about four days. He became somewhat yellowed, but it may have been from the morphine. The temperature and pulse remained normal until the tenth day, when the left parotid gland rapidly swelled, to be followed on the eleventh by swelling of the right parotid. The temperature went up to 102.8° and the pulse to 120, the highest. On the eleventh day I removed a superficial slough about two inches wide and two and three fourths inches long, and about three fourths of an inch deep. Direction of wound upward and outward. Also on the eleventh day he had a small movement of the bowels, which was followed on the twelfth with quite a copious movement. On the twelfth the swelling of the parotids began to subside, and the temperature and pulse became normal. Yesterday, the fourteenth day after the injury, the pulse were 72, the temperature 98½ degrees, the wound was healing rapidly, and the swelling of the parotid was subsiding. He has had a fair appetite most of the time, but has been allowed only liquid food. There is no tendency to suppuration of the parotids: what is the cause of the swelling? June 27, 1890, the patient was nearly recovered so that he was sitting up some.

June 20, 1889, saw Mrs. Mary Ann Plouffe, aged about 60, French Canadian. She had a large tumor growing inside the womb. The womb and contents were about the size of a child's head at term. The tumor was first discovered about two months before. The tumor was plainly felt projecting through the os. Drs. Lemaitre, Wheat, Dunbar, and myself saw the patient, and we decided to remove the tumor. January 30, 1889, I removed the tumor with an ecraseur. It had a large base, and I found it quite difficult to get the chain over it, but succeeding, removed, aided by the above doctors, a tumor about two and one half

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inches in diameter. There was no hemorrhage and no complication. I was sure from feel, appearance, etc., that it was a fibroid that had but recently been discovered, and that possibly it might be undergoing some change. After removal the woman made a rapid recovery, and got up around the house feeling quite well. About three months after the removal she discovered that it was growing again. I then decided that it must be a recurrent fibroid. I proposed then to remove the entire organ, but the patient refused. It grew rapidly, and death ensued in about a month. On looking this matter up in more recent works, I find that the recurrent fibroids are found to be tumors of another family entirely, namely sarcomata, of which this undoubtedly was a member, as I found it contained an abundance of both round and spindle cells. I learned from this that there is but little use of removing a rapidly growing uterine tumor in a lady sixty years of age, or upward, without removing the entire organ, which I think would give a fair chance for a permanent cure.

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DIPHTHERIA.

A BRIEF REPORT OF SIX MONTHS OF THE RECENT EPIDEMIC OF DIPHTHERIA IN KEENE, N. H.

BY H. K. FAULKNER, M. D., KEENE.

We will consider September 1 of last year to represent the beginning of the epidemic. It is true that in August there were two cases, but during the two months previous to August there were no cases reported. Six months from September 1 brings us to March 1 of this year, at which time we thought we were at or near the end of the epidemic. This has not been the case, for since then there have occurred about twenty-two cases to date (June 16). The cases, however, which have occurred since March 1 of this year we will not consider now, but will take all the cases of the six preceding months.

In the month of	September	we had	25	cases.
" "	October	"	48	"
" "	November	"	27	"
" "	December	"	32	"
" "	January	"	18	"
" "	February	"	8	"
Making a total of			158	"	in six months.

These 158 cases we will view from three stand-points, viz., (1) locality, (2) mortality, (3) sanitary surroundings.

Locality. Keene has a population of about 7,772 inhabitants, divided into five wards. Wards 1 and 2 hold, together,

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about 3,296 people, and it is through these two wards that Beaver brook takes its course southward to join the Ashuelot river just below the city. For some distance on either side of Beaver brook the banks are low, and the outlying land in many places in the compact part of the town is badly drained. Many houses empty their sewage into this stream for want of a better place to dispose of it.

In Sept.	there were	in	wards 1 and 2	19	cases and	2	deaths.
Oct.	"	"	"	32	"	8	"
Nov.	"	"	"	9	"	2	"
Dec.	"	"	"	5	"	2	"
Jan.	"	"	"	2	"	0	"
Feb.	"	"	"	8	"	2	"
Total,				75	"	16	"

From the above figures it may be seen that 47% of all cases occurred in wards 1 and 2, whereas the population is about 42% of the whole city. These figures show only a slight numerical excess of cases occurring in wards 1 and 2 in proportion to the whole city.

Mortality. In the whole city where 158 cases occurred there were 24 deaths, or a fatality of about 15%. In wards 1 and 2, where there were 75 cases, there were 16 deaths, or a fatality of about 21%. It is then shown that if diphtheria did not spring up much oftener in wards 1 and 2, where much of the land is low and poorly drained, it was at least more fatal, the difference being that between 15% and 21%.

Sanitary Surroundings. Out of 158 cases of diphtheria only 11 of them occurred in houses which had been thoroughly connected with the public sewer for at least one year, *i. e.*, only 7%. Glancing at these figures relating to sewer connections, we naturally infer the dangers of bad drainage. Although the pollution of well-water by cess-pools and privies is a well recognized factor in the conditions which bring about diphtheria, yet no figures in regard to it in reference to this recent epidemic can be given here. Comparatively little of it has been observed.

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DISCUSSION.

Opened by DR. I. J. PROUTY, of Keene.

I shall not attempt to do anything with the statistics that Dr. Faulkner has given you in regard to families that used surface water. In my experience three of the most malignant cases occurred in families that were living near Beaver brook and drinking well-water, and the wells were not very deep.

I wish to call attention to four cases that happened in my experience. I was called to see a boy about twelve years old, and on examination of the throat I found what I diagnosed tubercular tonsilitis. That case ran along a few days, and I was called to see a twin sister of the boy who was ill in nearly the same way. On examination of the throat there was the peculiar dirty white membrane, and I reported to the board of health a case of diphtheria. In about a week more a younger sister, a child three or four years old, was ill, and that case, the third of the series, was a case of tonsilitis nearly as typical as the first. Between two and three weeks after the third case, the fourth occurred, which was the mother. She had the peculiar membrane—although not very extensive—of diphtheria. The first and third cases, which I diagnosed as tonsilitis, I wanted to show a student that I had with me, and I used the probe and cotton and showed him how the exudation could be removed very easily. The question I wish to raise is, Were these all cases of diphtheria, or were they two distinct diseases,—the first and third cases of tonsilitis, and the other two cases of diphtheria?

In regard to the treatment that Dr. Faulkner has spoken of, I do not think there is any specific treatment, although I certainly wish we had one. It has been my custom during this epidemic to give the routine treatment of iron in large doses, and in nearly every case I have used corrosive sublimate for adults, giving one sixtieth of a grain every two hours, and with children about two hundredths of a grain every two hours. Notwithstanding that treatment I have had patients who have died. I believe the best treatment is good nursing and good milk diet.

In regard to the alcohol, I do not believe that every case of diphtheria wants to be treated with alcohol. It seems to me

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that we should use alcoholic stimulant the same as in any other disease: if we have weak pulse and failing of vital powers, resort to it, but not give it as a routine treatment.

In regard to tracheotomy, we have had no successful cases. There have been three or four cases operated upon, and one thing impressed me in the two cases where I have operated. The first case shows why tracheotomy in the country is not successful. In that case the patient was a child about three years of age. In inserting the tube the patient was a little relieved. The case ran along twenty-four hours and was apparently doing well, the child taking quite a quantity of nourishment, pulse about 90. In about thirty hours I went to see the patient in the middle of the night, and found the nurse and all the attendants asleep, and the tube clogged. Of course the patient died. The other case I operated upon was a man of about forty. He was suffering intensely, and I operated upon him so that he might die easier. In both of these cases, as well as another one that I was present at, I employed cocaine, injecting it in with a needle, and withdrawing the needle as the fluid was forced out. In the case of the man that I operated upon, he said that there was no pain whatever except from the needle. I do not believe that in operating in cases of tracheotomy surgeons should use ether, for in the use of ether we find there is trouble from respiration, and that is just what we are trying to avoid; therefore it seems to me that in tracheotomy ether should not be employed when we have so good an agent as cocaine.

Dr. Frost. From the remarks that have been made here it is evident that there is great difficulty from a medical standpoint in determining from the appearance of the membrane which you have,—diphtheria, or croup. Still, it seems to me there *is* a difference, although I know that there are many pathologists who have maintained that the two diseases are practically identical. I used to teach that in croup there was an exudation *upon* the mucous membrane in connection with the inflammation, and when that disappeared we had left the mucous membrane intact, save for the loss of the superior layers of epithelium, whereas in diphtheria the exudation took place *into* the epithelium, and the surface of the mucous mem-

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brane when the pseudo-membrane came off; it also removed the epithelium, leaving the membrane abraided, and hence hemorrhage often resulted. But those who have examined the subject most carefully with the microscope tell us that this difference does not hold; that there are cases of diphtheria in which the exudation is quite superficial, and cases of croup in which it extends more deeply than in others, so that this distinction, it is claimed, will not hold universally, although it may hold, and very likely does exist, in a very large number of cases.

I think, however, the real difference is this,—and now we come to what I believe to be the true pathology of diphtheria, and the true cause of it,—that there is a specific germ of diphtheria, and without that specific germ we cannot have diphtheria, while in croup we do not have a germ. I believe that unsanitary conditions act as one of the factors in the development of the germ of diphtheria. The source from which this germ is introduced into the system may be very difficult to ascertain. I asked the question yesterday, in regard to the epidemic in Keene, if there was anything to indicate the source from which that epidemic originated, and was answered that its source was not known. I think it may be found very frequently in connection with clothing, and in that way may be carried from a place where diphtheria has previously existed to other localities. A case illustrating this came to my knowledge only a few days ago. A woman who had been attending a child sick with diphtheria, in Massachusetts, after the child recovered, went to Vermont to visit her sister. Shortly after arriving there the child of her sister was taken sick with diphtheria, and died; the mother was taken shortly after the child, and she also died. After the sister's death, this sister, who came from Massachusetts, was also taken with diphtheria. She, however, recovered. That is the whole history of diphtheria in that particular locality. Here it seems that the germ of the disease did not produce diphtheria in this woman for a long period. For some reason she did not offer the proper conditions in her system for the growth of the microbe peculiar to diphtheria after her earlier exposure to its influence.

Now to bring out my ptomaine and its relationship to diphtheria: I believe that this germ of diphtheria finds an appro-

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priate place for development and growth, which is the mucous membrane of the throat. There the germ grows and develops, and we have the local effects of diphtheria. Finally the ptomaine, which is produced by the action of the germ upon the tissue elements with which it comes in proper relations, becomes absorbed into the system of the person, and produces certain changes in the blood and so affects the whole system. This development of the germ and of the ptomaine is subject to certain laws which we do not understand. This development continues for a certain period, and then, when the period for the development is over the patient either recovers, or succumbs if the diseased conditions developed are too much for the powers of the system to withstand.

Now, as to the treatment: It seems to me that if our treatment is to be efficient, it should at first be directed in the line of destroying these germs. If the conditions are unsanitary, I would have such conditions removed by all means; but I do not believe that it will always arrest the spread of the disease, as the germ of diphtheria will be developed in the cleanest surroundings if the condition of the patient is favorable to such development. As I have already said, unsanitary conditions are factors in the development of the germ, and therefore I would clean up, and be especially careful to destroy all means of communicating this germ to others. I believe that the germ of diphtheria is very often developed in inferior animals. Local treatment is often of great benefit, especially at the outset of the disease. If you can destroy these germs at the point of their early development, you may hope to arrest the disease. We have no specific for diphtheria, and I do not think we shall have, although we may yet find something that will destroy these germs more effectually than anything of which we now know.

Such agents should be used in the local treatment of the disease as will most surely destroy the germs, without at the same time inducing injury to the tissues of the patient. Not to discuss at present the value of different antiseptics, I would express my belief that we have a most useful agent in the peroxide of hydrogen, which, I think, if used in a solution that has not lost its power by too long contact with the air, will most

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certainly meet the requirements as respects efficiency and safety. Let it be applied directly and with sufficient freedom to insure a thorough chemical change in the exudations and whatever the exudations contain.

As to tracheotomy in diphtheria, the point is just here: There are two ways in which persons may die with diphtheria. The patient may die from the mechanical obstruction to respiration, or he may die from this infection of the whole system. If your patient is dying from suffocation, open his trachea at once, and let him have the chance that that gives of existence. The fact that so many persons die after tracheotomy argues nothing against the operation. It may often be best to perform the operation simply that the patient may die easier. Intubation may be a better method of overcoming this obstacle than tracheotomy; but whatever the method is, I should use it in case of suffocation.

DR. ROBINSON. I wish to ask a question or two. I am a firm believer in the germ origin of disease, and I have had a good deal of experience in my early days. The question is this: Does the same germ always produce the same disease? That is a question of a good deal of importance to determine. I have often found, in consulting authorities supposed to be posted on this subject, that the same germs which produce diphtheria produce scarlatina. Now, are scarlatina and diphtheria identical. Will the same germ produce the same disease always?

DR. FROST. My idea is that if you are to raise wheat, you must sow wheat; if you wish to raise corn, you must plant corn; if you expect to raise scarlatina, you must have the germ of scarlatina. I do not believe the germs in scarlatina and diphtheria are the same. The manifestations of scarlatina and diphtheria are sometimes so nearly alike that it is difficult at some stages to distinguish between the two, but I believe if we could find the germ of each, we could see a difference. This matter of germ diseases is not at all visionary. Those who have carefully studied the germs of disease, recognize the difference between these different germs of disease, just as readily as we

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recognize the difference between individuals. And not only that, but they can with them produce the different diseases. They do not do it in the human system, of course, but they have produced diseases in the inferior animals as nearly like these diseases in man as is possible.

I believe there are a great number of these germs of disease which are doing a great deal more in causing disease in the human system than we have previously had any idea of. This, it seems to me, is really the greatest discovery that has been made in the last century. Indeed, I believe more has been done in arriving at the true and scientific knowledge of the causes of disease in the last twenty-five years than in the two centuries before that time. We are on the right track. We have hardly begun, but we are going to know something about the causes of disease. And I believe we are going to treat diseases hereafter with something more of certainty than we have done heretofore—more scientifically and successfully than we have done, just as the surgeon is doing his work more successfully because he recognizes the micro-organisms which, in a great many cases, have deprived his patients of life. It would be interesting to us, if we could live fifty years longer, just to see what in those years is going to be developed in the way of getting at the true knowledge of disease and its treatment. There are some, of course, who turn up their noses and ask us, What good does all this do therapeutically? They say, it does n't make any sort of difference whether we know the causes of disease or not. We have got far enough now so we can recognize diseases generally and their means of cure. I do not think that we can now treat diseases as well as if we knew their exact cause.

DR. WHEELER. I most emphatically agree with every one of Dr. Frost's statements. I should like to ask one question. How does diphtheria become contagious?

DR. FROST. My impression is that the germs of the disease are derived from some case of the disease, which may be thrown off into the air, and from that may enter the bodies of persons inhaling the air thus charged with these micro-organisms, or, coming in contact with different materials, such as

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clothing, etc., they may remain there and maintain their vitality for a long period, and when persons come in contact with this clothing, etc., they may find lodgment in a suitable place, and under favorable conditions the disease will be developed.

Dr. Adams. I have operated ten times, and out of the ten operations I have saved three patients. Every one of the three patients that were saved raised a false membrane through the tubes, and there was no question whatever of these being cases of—you may call it diphtheritic croup if you wish to, or diphtheria; I do n't care what you call it: there was the false membrane the same as in diphtheria. I have operated twice within the last year. In one case the disease had gone so far that I operated between 12 and 1 o'clock, and the patient died at 2. The other patient I saved,—a little girl four years of age. I believe if we operated earlier, we could do a great deal to save the patient. I do n't think, myself, that in all cases where diphtheria attacks the larynx it goes clear down to the minute bronchi. I think there are many cases where diphtheria will attack the larynx and kill the patient and never get below that. It may get down below it, but I do not believe it will necessarily extend down to the minute bronchi. In one case I pulled out nearly three inches of false membrane before putting in the tube, that lay right in the trachea. That was the worst case I had. It was a French patient, a little girl about four years of age. Both of the other cases raised false membranes, and there was no question as to the diagnosis. Dr. Abbott was consulted in two cases. Dr. Abbott was consulted in one of the cases that was saved, and Dr. How has been consulted in two or three cases, and there has been no question whatever in my mind in regard to the cases. So I believe that in a good many cases we can save our patients by operating early.

Dr. Prouty. In regard to the discussion on diphtheria, it seems to me, if there were a little more time, the Society could spend a little more time in discussing that subject more thoroughly. I would like to have some one tell the difference in the diagnosis between what is called membranous croup and diphtheria. It has been stated here that tracheotomy might be

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successful in croup but not in diphtheria, and I should like to have some one state the different diagnoses.

DR. MCQUESTEN. I was not listening to the remarks of Dr. Prouty, although I knew that this subject was to be brought up. In treating diphtheria for a number of years, I have treated it antiseptically with corrosive chloride of mercury, iron, and hydrochloric acid. In several of these cases, where suffocation was threatened, I have performed tracheotomy, but in every instance the result was fatal. Two years ago, having in my immediate neighborhood an epidemic of diphtheria, I had a great many of these cases. One case was that of a child, which I thought to be dying. I wanted to try intubation, and having no instruments, I was obliged to send to Boston, and, after considerable delay, I obtained one set of tubes, and introduced one of them. It was introduced Tuesday and removed on Saturday. In the meantime the exudations, under the antiseptic treatment, cleared up, and the breathing, which was labored and very frequent, became natural and stronger. On Saturday the tube was removed, and on the following Monday unfavorable symptoms began to make their appearance again. The tube was then reintroduced and retained a week, and then removed, and the child made a good recovery. During all this time this antiseptic treatment was followed as rigidly as it could be, and also spraying was used. During the same epidemic I had other cases where intubation was performed, with only one death. As I said in the beginning, the result from tracheotomy in every instance was fatal, while in intubation the result was that in six cases only one death occurred. So I present my experience to this society, hoping that others may be stimulated to try it.

DR. STACKPOLE. What distinction do you make between croup and diphtheria? How can you tell one from the other?

DR. MCQUESTEN. If I find, as in this case, during an epidemic of diphtheria, the throat and nostril cavities are covered with exudations, I have every reasonable cause to suppose it is diphtheria, and the disease known as croup is eliminated from the diagnosis. I apprehend that there are many cases, which

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are in reality croup, that may be pronounced diphtheria, but, on the other hand, I think that any physician who finds the tonsils and nasal cavities filling rapidly with false membranes can easily recognize it as a case of diphtheria. My observation is, that in cases of croup intubation would be more favorable than in diphtheria. In the treatment of diphtheria by intubation, I should certainly not relax the antiseptic treatment nor the spray or steam, as the patient will breathe better when the membrane is moist than when it is dry.

MEMBER. In what way did you give the spray?

DR. MCQUESTEN. My arrangement was a temporary affair in every instance. In two instances I used a gas stove, and an ordinary tin kettle was placed on the stove, and a long garden hose was run from the nose of the kettle up quite a little distance and then down near the patient upon the bed. The hose was just of sufficient length so that not much steam would condense during its travel through the pipe, but yet the force where the patient received it was not sufficient to shock the patient.

DR. STACKPOLE. Is the germ the same in membranous croup as in diphtheria?

DR. MCQUESTEN. Not necessarily. I believe we should save a large number of our cases of diphtheria if we overcame this suffocating result. Patients die suddenly from suffocation, when, if the larynx could be kept clear, the treatment by antiseptic measures would in time win.

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THE DEBT THE DOCTOR OWES TO HIS PROFESSION.

AN ADDRESS DELIVERED BEFORE THE GRADUATING CLASS AT THE NINETY-FOURTH ANNUAL COMMENCEMENT OF THE MEDICAL DEPARTMENT OF DARTMOUTH COLLEGE, NOVEMBER 26, 1889.

BY J. M. FRENCH, M. D.

MR. PRESIDENT, LADIES AND GENTLEMEN:

There is a day—a glad and happy day—that comes but once to mortal man. On that auspicious day never shone the sun so brightly, nor was the air so full of fragrance before. Beauty smiles upon her hero then, flowers yield their incense to his lightest touch, friends add their congratulations on his work well done, and all the earth is bright before him.

On that day the hard tasks of preparation are over, and the earnest work of life is at hand. Equipped with the weapons of science, and having put on the armor of manhood, doubting not, fearing not,

"But with purpose firm and true,"

the hero takes his place in the ranks of the world's workers, who shall bless mankind with their labors.

We are met to-night to celebrate the close of such a day, when twenty young men, who have passed the dreaded ordeal of an examination in all the branches of medical science at the hands of their instructors and the delegates from two state societies, and have been found worthy of promotion, are per-

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mitted to throw off the leading-strings of student life, and enter upon the responsibilities of the medical profession. Henceforth they will be none the less *students*, we trust, but in addition thereto, *practitioners* of the healing art. What the future status of medical science and practice in New Hampshire, and to a less degree in New England and all America, shall be, will depend in considerable measure upon the members of this class, and their brethren who have been sent out from this school in the years lately past, or who shall go forth in the years soon to come.

In considering the life which lies before these new-made physicians, and the possibilities which are open for their accomplishment, I am reminded of the words of the immortal Bacon, when he says,—"I hold every man a debtor to his profession; from the which as men of course do seek to receive countenance and profit, so ought they of duty to endeavor themselves by way of amends to be a help and ornament thereunto." Following along the line of this thought, I ask permission to call your attention for a few minutes this evening to *The Debt the Doctor Owes to His Profession.*

The specific terms of this debt each man must decide for himself, but of its general nature it may be safely said that *every physician owes it to his profession to do all in his power to enlarge the bounds of its knowledge, increase the sphere of its usefulness, and build it up in the respect and esteem of the public.*

The ways in which the doctor may contribute to the payment of this debt are numberless, and even to speak of them all were impossible. I can only name a few, hoping that in the naming a multitude of others may haply suggest themselves to your quickened apprehensions.

In the first place, there is a world of work for the physician in the direction of *unsolved problems.* The medical science of to-day, though a thing of the slow growth of thousands of years, has yet taken its most gigantic strides within the present century, and even in its later years. Much of that which is the common property of all educated physicians to-day, and which is taught in every medical school in the land, was unknown but a little time ago.

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The day is not so very far distant when the circulation of the blood was a thing beyond the thought of man. Still nearer is the time when whole communities were decimated by small-pox, because the preventive power of vaccination was unknown; when physical diagnosis was not understood; when the beneficent power of ether, chloroform, and cocaine had not been discovered; when the agency of germs in producing disease was undreamed of; and when there was no such thing as antiseptic surgery. But now, thanks to the great names of Harvey, of Jenner, of Laannec, of Wells and Morton, of Koch, Pasteur, and Lister, these things are brought within the reach of all. Yet where they were but a little time ago, it is certain that a large number of subjects still remain—in the realm of the unknown.

Thus there is yet a large field for original investigation; there are still immense areas of truth, concerning which our knowledge is either chaotic and undefined, or absolutely wanting. These are the things which have not been found out as yet, but which will yield a rich reward of fame and the gratitude of the afflicted to him who, in the name of humanity, pushes the boundaries of the known a little farther in their direction, over into the realms of the unknown.

One of these chaotic fields, which is worthy of the most searching and careful investigation, is that of the action of drugs when put into the human system in different doses, and under all the varying conditions of health and disease. Concerning these things the medical profession has sore need of more accurate knowledge. We need to understand not merely their usual and medicinal effects, but their occasional, incidental, and ofttimes annoying ones. We need to know in what subjects and under what conditions these peculiar effects may be anticipated, and when we can safely count upon their absence.

Take, for example, that remedy which for thousands of years has been used more often than any other, "the drug without which the healing art could not exist," beneficent opium,—and who knows how to predict with certainty, in the case of any given individual on whom it has not been tried, whether it will produce sleep or wakefulness, whether it will cause its subject to revel in voluptuous pleasures, or to suffer from the ravings

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of insanity? And what physician has not had the strange experience of administering opium to a patient at one time and under one set of conditions with the most satisfactory results, and again at another time and under other conditions, only to find it produce the most unpleasant and even alarming effects?

Or who shall tell us when iron will produce headache and derangements of digestion? or when the cumulative effects of digitalis will be manifested? or when we may expect quinine to produce an eruption of the skin, and what the character of the eruption will be when it does appear?

Who shall settle to the satisfaction of the profession at large the vexed questions as to the food-value of alcohol, the limits of its utility in medicine, and the physician's responsibility for the formation of an appetite for stimulants on the part of his patients—questions upon which doctors still disagree, and which have been the occasion of some of the sharpest discussions held of late years in the New Hampshire Medical Society?

And who shall reconcile the different views which are held by the various schools of medicine concerning the action of a host of remedies which are used by them for diverse and even opposite indications?

Parallel with the accomplished fact of the prevention of small-pox by means of vaccination, comes the question of the prevention of measles, scarlatina, and other zymotic diseases by analogous measures. Much light has been thrown upon this problem of late by the researches of Koch, Pasteur, Tomasi Crudeli, and other eminent bacteriologists, and we are at least permitted to hope for its entire solution in due time.

We hear on every hand to-day of bacteria, bacilli, and micrococci; ten thousand microscopes of the medical profession are levelled upon germs of every variety and in every stage of culture; and the resulting host of germicides, sterilizers, and antiseptics threaten the utter annihilation of all pathogenetic germs and germ diseases. The drug market is full of new remedies,—specific tinctures, active principles, and chemical compounds; and now comes Brown-Sequard with his Elixir of Life and its promise of renewed youth. Yet disease and death, in forms as old as the world, confront us still; and still

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we fight a losing fight, for "the skeleton hand is ever in advance of our own."

Oh, what shall be the immortal name of him who shall teach us how to stay the ravages of consumption, cancer, or Bright's disease? Who shall give us a satisfactory treatment for that *opprobrium medicinæ*, inflammatory rheumatism? Who is he that shall discover a drug which shall act upon pneumonia, typhoid fever, or Asiatic cholera with the same degree of certainty which is now exerted by quinine upon malaria?

What crown shall be bright enough to mark the brow of that apostle of Hygeia who shall teach the masses of the people to *observe* the laws of health—those few and simple laws which many know, but few obey?

How high upon the list of public benefactors shall be written his name who shall succeed in impressing upon the common sense of our legislators the need of the general adoption of measures for the purification of air, soil, and water, the prevention of filth diseases, and the improvement of the public health, without waiting for the actual occurrence of dire epidemic and raging pestilence to rouse their laggard consciences? Or what reward will be sufficient for him who shall develop and set forth the far-reaching influence of the principle of heredity, impress upon the moral sense of the world its importance in the treatment, and more especially in the prevention, of disease, and stimulate its application to the improvement of the race?

When I look about me at the suffering and wretchedness which are on every hand; when I see men racked with pain and foul with disease, as the direct result either of their own sins or those of their ancestors, and yet go on violating the plainest physical law day after day and year after year, utterly careless of the consequences either to themselves or to their children, and only seeking the doctor for some drug to give relief when swift punishment has overtaken them, I am sick at heart, and almost repent me of the medical art.

The story is told of a certain *bon vivant*, who, having wasted his strength in riotous living, when he began to feel a little jaded as the result of his dissipation, went to his physician for the means of restoration. He got it in the shape of good

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advice. "Eat lightly," says the doctor, "of simple food; no coffee, no truffles, no liquor; don't gamble, go to bed early, and I guarantee you the best of health." "Pshaw!" replied the disappointed patient, "I know all that as well as you do. What I demand of you is the means to enable me to go on doing precisely the opposite of what you tell me."

But the doctor does not know of any drug which will suspend the laws of nature. The medical profession is powerless to enable a man to sin and keep on sinning against the laws of his body, and yet not suffer the sure penalty sooner or later.

There are yet multitudes of people, the world over, upon whose benighted understandings has not dawned the fact that there are any such things as *laws of health*, exact as the laws of mathematics, unchanging as those of the Medes and Persians, and rigidly enforced as those of Sparta or despotic Russia.

I have heard of a Sunday-school superintendent, who, in apologizing to his school for his absence on the previous Sabbath, gave as his excuse that he had been detained at home by a dispensation of Divine Providence, the hand of the Lord having been laid heavily upon him in sickness. Going on to explain the matter more fully, in an unguarded moment the truth came out that his sickness had been caused by eating too freely of clam chowder the night before.

Such is the way of the world! The last thing that individuals or communities think of doing is to take the blame for their ill health upon their own shoulders, where it rightly belongs. It is easier to lay it upon the Lord—"a mysterious dispensation." And yet,—

> "What were law
> But a weak jest without its penalty?
> Never a law was born that did not fly
> Forth from the bosom of Omnipotence
> Matched, wing and wing, with evil and with good,
> Avenger and rewarder—both of God."

This, then, is the first great lesson which must be taught and learned in order to the physical regeneration of the race,—that all disease is the penalty of broken law; that much of it might easily be avoided by conformity to this law on the part

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of the individual; that much more, while beyond the reach of individuals, might be prevented by the combined efforts of communities and the state; and that those diseases which have been entailed upon this generation by hereditary descent might, by obedience to law, be gradually overcome, until they should be finally stamped out of existence, and future ages freed from their curse.

To teach these laws, and enforce their obedience, no man is so fit as the physician. This is a part of his proper work. "A minister of health" should he be, both to individuals and communities. To him the public naturally look for advice in all affairs relating to sanitary science. To him do the families whose lives are committed to his care come for direction in all matters pertaining to health and disease. He can speak with authority, as no other can. He is a specialist in health, and his words have a weight which is denied to any other.

It is true that the pecuniary interest of the physician to some extent requires the prevalence of sickness, and the good-natured public is apt to joke with him about the "distressingly healthy season" when he has leisure, and about his partnership with the undertaker when he is busy. Yet, to the honor of the medical profession be it said, they are everywhere the pioneers and the leaders in sanitary reform.

The doctor's fee is earned by his efforts to ease men's pains and restore them to health. Without money and without price, or any recompense save the answer of a good conscience, he labors to prevent disease. It is due to his efforts that "the pestilence that walketh in darkness, and the destruction that wasteth at noonday" no longer devastate the land, as in former ages; and when, through the ignorance or carelessness of foolish men, it sometimes happens that the public safeguards are overthrown and the plague does overtake the land, whether in the shape of cholera epidemic, railroad accident, or Johnstown disaster, his hand is the first stretched out to stay the dread pestilence, and his life is the first to be risked to save the lives of his fellow-men.

Another foe the public has, for release from whose thrall it must look chiefly to the medical profession,—a relic of barbarism yet lingering in our enlightened age—that spirit of super-

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stition which led men in former days to rely for safety in the hour of danger upon charms, amulets, and incantations, and which now causes them to trust their lives and health to the tender mercies of patent medicine men and street charlatans, clairvoyants, and Christian Scientists, Sleeping Lucys, and Old Doctor Solomons, that "retired physician whose sands of life have nearly run out," and the innumerable multitude of quacks and humbugs of every name and kind with which our fair land is cursed.

A thankless task is this, and one in which his best efforts are laid to the charge of self-interest by the very ones for whose sake he labors—that dear public which maintains a protective tariff for the benefit of its property, but insists upon free trade in all matters affecting *only* its health; which creates competitive examinations and demands a high standard of qualifications for the clerks in its civil service, who tie up public documents with countless yards of red tape and file them away for future reference in endless pigeon-holes, but which, in the enlightened commonwealth of Massachusetts, allows the veriest mountebank or pretender, the most ignorant faith-healer or Indian doctor, the same right to take into his hands the issues of life and death which it gives to its educated physicians, the graduates of this honored institution or its own proud Harvard. Yet none the less does the doctor owe it as a duty to the public as well as a debt to his profession to open the eyes of the people to the dangers of thus trifling with natural law and putting their trust in the devil.

With reference to the part to be borne by the physician in the community, it is a commonly received opinion—I might almost with safety say, *the* commonly received opinion—that he should be *only* a physician. He must not mingle in general society, he must abstain from politics, he must not bind himself with the cares of business, he must take no part in the world of letters, he must confine himself strictly to his profession.

There is undoubtedly a substratum of truth underlying this popular notion; but, as is the case with all half truths, the lie which is in it is all the more dangerous because linked with a truth. It is a fact that the doctor's life is an arduous one; that his duties are very exacting, and that the demands of his pro-

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fession must take precedence over almost everything else. He who would become a high priest in the temple of Æsculapius must settle it in his heart at the outset that he will subordinate his own ease and pleasure, the ordinary affairs of business, and even oftentimes his own need of rest and recreation, to the calls of the sick and the suffering. Moreover, if he would build up a practice, he must needs attend at his place of business in order to get business, and attend to his business when he gets it in order that he may keep it.

This much. But here I part company with the popular view, and, at the expense of differing with many wiser men, I take the ground that the idea referred to has wrought great harm, both to the individual doctor and to the medical profession as a whole. In the first place, no man can attain to the full stature of a perfect manhood who lives forever "in the shop," or who continually "talks shop" when out of it. Both his physical health and his mental growth require that he should have some relief from the "dull round of daily care." "All work and no play makes Jack a dull boy," and men are only boys of a larger growth. The busiest man can do better work and more of it for an occasional "outing" which gives his nerves a chance to relax their tension and regain their normal elasticity, or for some "hobby" which he can ride as he goes his accustomed way, thereby diverting his thoughts from their usual channel, and enabling him after a little time to apply himself with new zeal to the work of everyday life.

Again: This idea has led to a narrow view of the doctor's duties, and hence to a narrow preparation for those duties. If he is to do nothing outside of his profession, then he has no need of other than professional preparation. Hence a lowering of the standard of preliminary education. Starting thus half-winged, he is kept in a narrow sphere, unable to escape from it even if he would.

In the colonial days of New England, the physician and the minister, we are told, were the educated men of the colony, and as such were looked up to as the natural leaders of public sentiment in the little communities in which they lived. But to-day, not only how few of our doctors have ever received a liberal education, but how many there are who are but poorly

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versed even in the lore of the common school—that "people's college" which is within the reach of all!

It is true that this state of affairs has brought about a reaction, and the standard both of preliminary and professional training is being steadily advanced. Many schools, like your own, now require that all candidates for admission should either hold diplomas from some recognized literary institution, or else pass an examination sufficiently rigid to prove their ability to enter upon the study of medicine intelligently.

Some one has said that a liberal education consists in knowing a little of everything and a good deal of something. Such an education the doctor needs to have. He should be at home in literature, in science, in history, and in art. He deals with men in all their relations, and sees human nature on its every side. His motto should be, "*I am a man; I count nothing human alien to me.*" A many-sided man, full of human sympathies, and interested in all that pertains to the welfare of the race—this should be the basis on which the physician is built. Having this, he must still know a great deal about the one thing, medicine, for this is the *without which not.*

When I hear it said that a man must not do this and must not do that because he is a doctor, I am reminded of the story of an Indiana school-master, who was expelled from school for the penal offence of venturing to kiss one of his young lady pupils. An editor, in commenting upon the affair, desired to know if it had come to this, that a young man must give up all the natural and inalienable rights of civilized humanity in order to teach school in Indiana. In like manner I ask, Has it come to this, that a man must forego the exercise of his God-given tastes and talents and privileges, or dwarf his manhood in any direction, in order to become a practitioner of medicine?

What I claim is simply this, that the man is more than the physician, and that the physician should be, first of all, a man, and bear a man's part in the work of life; that whatever he can do and do well outside of his profession, and without neglecting any of his professional duties, that he has the right to do and will be the better for doing. He will not thereby be any the less a physician, and he will be all the more a man, broad, well rounded, many-sided.

If he has social tact, why should he not exercise it? The

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"society doctor" is an institution in himself, a great success in many places; and while I would not hold him up as specially worthy of your admiration or imitation, yet doubtless he has his place.

In political life, as a rule, whenever the doctor has seen fit to enter it, he has done good work, and left an honorable record. It may be questioned, however, whether he has not done better for politics than politics has for him, at least in a pecuniary sense.

In literature the doctor has achieved a brilliant success, notably in recent years. That in doing this he has not neglected his profession, but has rather oftentimes achieved a proud eminence in both directions, may be seen by a glance at such names as those of a Holmes, a Hammond, or a Wier Mitchell.

A public-spirited man the doctor surely ought to be, willing to bear his share of burdens and ready to do his proportion of work for the common weal. In the country towns especially, which abound throughout New England, the doctor may make himself felt as a power for good in elevating the general plane of living, stimulating mental growth, and promoting the welfare and prosperity of the community.

As health officer, or member of the board of health, he can do much for the improvement of public health and the prevention of disease in the lines already indicated. That he may also build up an honorable reputation is shown by a glance at the bright names of the profession, both in our own state and elsewhere, of those whose strong hold upon the public confidence is the good work which they have done in the direction of preventive medicine.

Again: The doctor's professional training especially fits him, if he be a man of intelligence and culture, to be of service to the cause of education in his town. In this age of objective teaching, no man is better fitted to appreciate the advantages of objective methods than the physician, the great end of whose training has been to enable him—in the words of the lamented Professor Darling—to "see with his own eyes, hear with his own ears, and feel with the ends of his own fingers." Nor is any man better able than he to comprehend and carry out the fundamental principles which must be observed in the training

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of the young in order to ensure that "*mens sana in corpore sano*" which is the great end of all instruction.

In the local medical society of which I am a member there died a few years ago a physician of mature years, whose funeral was attended by the school-children of the town in a body, and whose proud record it was that in his death the cause of education in that town lost its most devoted friend. Nor had he neglected any of his professional duties in order to accomplish this great work. Rather, he had laid down for them such limits that he was enabled to do full justice to whatever he undertook. Instead of crowding all sail to do a large business, and endeavoring by fair means or foul to secure every patient he possibly could, regardless of his ability to attend them faithfully, he declared—and acted in accordance with the declaration—that he did not wish to do a larger business than he could do well, or than would leave him time to attend to such other duties as he felt called upon to perform. He was a wise and careful physician, a safe and honorable counsellor, and a kind friend to the younger members of the profession in his vicinity. May the members of this class be fortunate enough in their early career to meet with coadjutors as considerate and helpful as was he, who shall be not merely competitors, but fellow-workers and friends.

Thus we see, that whether the doctor's tastes and abilities lead him to devote the spare moments which he can snatch now and then from the care of the sick and suffering to the solution of the unsolved problems that confront his profession, to preaching the gospel of obedience and of health to the people, or to doing the work of a man, a Christian, and a scholar in the world,—in any and all of these directions he is laboring to discharge the debt he owes to his profession; he is helping to add to the sum of its knowledge, to increase its usefulness, or to build it up in the respect and confidence of the public.

Gentlemen of the Graduating Class: You are standing today upon the threshold of your chosen profession. You have put behind you all the years of drudgery at hard tasks, and of cramming for dreaded examinations, and are now prepared to take the place and do the work of physicians. You are about

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to receive the sign and visible token of your adoption into the ranks of the Sons of Hippocrates, and to swear allegiance to their fraternity. To-night you stand here, surrounded by the hallowed associations and sacred memories which for more than a century have been gathering around this ancient seat of learning. To-night you look back with gratitude and with pride upon the long list of great names which for wellnigh one hundred years have reflected honor upon the New Hampshire Medical Institution, from that of Nathan Smith, its father and founder, down through the Crosbys, father and sons, and Peaslee, and many another of honored memory, to those who yet live to add to its glory in future years. To-night you touch elbows and stand shoulder to shoulder, ready to march in solid column against the fell destroyer of human health and happiness. *To-morrow* you will go your several ways *alone*. A few weeks more will find you located, the most of you, in some country town or village, far from college walls or hospital ward, from learned professor or friendly consultant even—left to fight your battles with disease unaided.

I say with disease, and yet fortunate will it be for the most of you if you do not find that your hardest struggle comes in *getting at the foe*. There are so many doctors nowadays that patients are scarce and hard to find. You expect the people of the community in which you locate to employ you because you have given the best years of your life to fitting yourself for the duties of your profession, and now propose to devote yourself to the interests of your patients. Instead of this, you will find them employing your competitor,—who is, of course, a man of inferior ability,—for reasons no better than these: because he drives a stylish turnout; because he is always "on the go;" because he lives on a fashionable street; because he moves in good society; because he attends their church; because Mrs. Beacon-street employs him; because he is a relative of Mr. Back-Bay; because he happened to be in his office when they went after a doctor; because they made his acquaintance at the club; because he has a pleasant way with him; because he is a favorite with the ladies; because he talks as though he knew just what ailed them and how to cure them; because he doesn't get drunk; because he is very skilful, if you can get

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him when he is sober; or because he knows more when he is drunk than any of the other doctors do when they are sober.

"Such and so various" are the reasons given why men employ this doctor or that one. When you have had all these and many more impressed upon your mind by an experience mostly in favor of "the other fellow," you will be inclined to count professional skill as one of the minor elements of success, and to magnify the importance of personal qualifications and favorable circumstances. But be content to wait a little. With time and patience—above all, with *patients*—success is sure, if you are worthy.

When you locate for the practice of your profession in any community, endeavor to make yourself known and felt, first of all, as a physician. Strive to do your level best for each and every individual who commits himself to your care. No matter how hard it may be at first, such a course will bring you to the front in due time; and before long, one, and another, and another will begin to speak of you as *their* doctor; and thenceforward the path is upward. In the second place, you should identify yourself with the community, and make its interests your own. By such gifts as you may have, strive to promote the public welfare and lead the people to look upon you as one of themselves, a citizen who cannot be spared.

It will be worth your while to cultivate the older members of the profession in your vicinity, especially those who have gained the confidence of the public in the past and are now beginning, gradually and gracefully, to withdraw themselves from active practice. They may not be "up" in the germ theory or physical diagnosis, but they know "a heap o' things" it 'll take you and me many long years to learn. Dio Lewis says, "An old man who isn't a fool is the happiest creature in the world." I would add, An old physician, if you get on the right side of him, is the young doctor's best friend. A good word from him will count heavily in your favor with the community. And as for securing his good-will, it is almost always easy if you treat him with the respect and deference which are justly his due, and *call him early in consultation.*

Equally important is the favorable opinion of the physicians of your vicinity; and this, too, outside of your immediate and

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active competitors, is not usually difficult to obtain. Most men are open to see the good points of their brethren—in the next town.

If you can get yourself called to attend a brother physician or his family, in sickness, it will be money in your pocket. "Doctor," said a prominent scientist to an equally noted physician, "when you are sick, who attends you?" "Why do you ask?" replied the doctor. "Oh," was the response, "I want to find out whom the doctors select to attend them: *that man shall be my physician.*"

As a means of professional improvement as well as of friendly intercourse with the neighboring physicians, you should take an active, but not too prominent, part in your local medical society. You will also find it for your interest to make full use of the advantages offered by the medical press, both by way of profiting from the experience of others and of recording your own for their benefit.

While you take a firm stand against the encroachments of ignorance and charlatanry in every form, and maintain zealously the dignity of the educated physician, yet remember that you may, if you read aright,—

> "Find tongues in trees, books in the running brooks,
> Sermons in stones, and good in everything."

Do not imagine that truth is confined to your own little circle, or that a man must be orthodox according to your standard in order to be honest. If you will take this as your professional motto,—

In bondage to no sect, superior to all schools, open to receive truth from any source,—

you may safely follow wherever it leads, even to the end of the world.

"I had rather teach twenty men what were good to be done," says the great dramatist, "than be one of the twenty to follow my own instructions." To give advice is easy; yet, lacking the gray hairs which are a prerequisite to success in that line, I will be content with but little. Remembering how

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few are the years that have passed since I sat beneath the sound of the same voices that have instructed you, I trust you to follow the advice which they have given you, well knowing it to be both sound and ample.

My Brother Physicians: I welcome you to the ranks of the medical profession—a noble profession, consecrated to the relief of suffering and the physical upbuilding of fallen humanity. I welcome you to a share in its labors, its trials, its responsibilities, and its rewards. See to it that no stain shall fall upon its bright escutcheon from any deed of yours, but rather that your lives may reflect new lustre upon its already glorious record. Be faithful to your professional duties, and in whatever community your lot may be cast, so let your lives and labors tell for good among that people, that when your work is done and your lives are ended, it may be said of each of you by the grateful public whom you have served,—He was a skilful physician, a valued citizen, a good and true man.

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REPORTS OF DISTRICT SOCIETIES.

REPORT OF STRAFFORD DISTRICT SOCIETY.

R. G. BLANCHARD, M. D., SECRETARY.

The eighty-second annual meeting of the Strafford District Medical Society was held at the American House, Dover, December 18, 1889, Dr. C. A. Fairbanks, Dover, president, in the chair. The following members were present:

Dover—Drs. C. A. Fairbanks, L. G. Hill, C. H. Horsch, C. A. Tufts, A. N. Smith, D. T. P. Chamberlin, J. R. Ham, H. R. Parker, A. G. Fenner, P. A. Stackpole, G. B. Emerson, R. G. Blanchard, A. P. Richmond, M. B. Sullivan, M. C. Lathrop, J. D. O'Doherty, J. H. Wheeler, William Hale, J. G. Pike.

Portsmouth—Drs. J. W. Parsons, S. C. Whittier, J. J. Berry.

North Berwick, Maine—Dr. F. B. Morrill.

Milton—Dr. C. D. Jones.

South Berwick, Maine—Dr. C. M. Sleeper, G. D. Emerson, E. D. Jaques.

Newmarket—Dr. J. L. Elkins.

East Barrington—Dr. G. E. Osgood.

The chairman appointed the following committees:

On Nominations—Drs. D. T. P. Chamberlin, J. R. Ham, C. M. Sleeper.

To Select and assign Topics for 1890—Drs. L. G. Hill, A. N. Smith, J. W. Parsons.

On Necrology—Drs. J. H. Wheeler, F. B. Morrill, J. J. Berry.

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The treasurer, Dr. C. A. Tufts, reported $7.25 in the treasury.

The Council reported favorably on the credentials of Drs. George B. Emerson and Allen P. Richmond, of Dover, and they were unanimously elected members of the Society.

The president, Dr. C. A. Fairbanks, then delivered the annual address, taking as his topic, "The Contagiousness of Diphtheria, its Origin and Dissemination."

The paper was accepted, and a general discussion followed, in which there was a marked difference of opinion as to the contagiousness and cause of diphtheria, some of the members contending that it is highly contagious and a specific disease, others, that it is not.

Dr. Parsons thinks it is not possible to tell when follicular tonsillitis ends and diphtheria begins.

Dr. G. D. Emerson, of So. Berwick, read a paper on "Chronic Indolent Ulcers."

Dr. P. A. Stackpole read a paper on "Nervous Prostration."

Both of these papers were laid on the table for discussion later in the meeting.

The Committee on Nominations reported as follows:

President—Dr. C. A. Fairbanks, Dover.

Secretary—Dr. R. G. Blanchard, Dover.

Treasurer—Dr. C. A. Tufts, Dover.

Auditor—Dr. A. Noel Smith, Dover.

Councillors—Dr. J. J. Berry, Portsmouth; Dr. C. M. Sleeper, So. Berwick; Dr. L. G. Hill, Dover.

Orators—Dr. G. B. Emerson, Dover; Dr. E. D. Jaques, So. Berwick.

The report was accepted and adopted.

Dr. C. M. Sleeper read a paper on "Hypertrophic Elongation of the Cervix and its Obstruction to Labor."

Accepted and laid on table.

Dr. F. B. Morrill reported a case of a young girl of 15, who took into the stomach at one time a quart of sand as shown by emetics and cathartics.

Also reported cases of Perineorraphy, with his reasons for thinking silk the best material for sutures.

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Dr. G. E. Osgood read a paper on "Diphtheria," giving a report of a large number of cases.

Both of the above papers accepted and laid on the table for discussion.

Adjourned for dinner at 2 o'clock.

The meeting was called together again at 3 o'clock.

The paper on Diphtheria was taken from the table, and discussed by Drs. Lathrop, Horsch, Wheeler, Hill, Jones, Chamberlin, Parsons, Whittier, Parker, Smith, Ham, and Osgood.

Dr. G. D. Emerson's paper was taken from the table, and discussed by Dr. Lathrop.

Dr. P. A. Stackpole's paper was taken from the table, and discussed by Drs. Horsch, Hill, Parsons, Elkins, and Lathrop.

Dr. Sleeper's paper was discussed by Dr. Parsons.

Dr. L. G. Hill, chairman of Committee to Select and Assign Topics for 1890, reported as follows:

Antipyretics, Dr. A. N. Smith, Dover.

Surgical Shock, what is it? Dr. J. W. Parsons, Portsmouth.

Internal use of Germicides, Dr. J. J. Berry, Portsmouth.

To report on topics of their own selection,—Dr. A. P. Richmond, Dover; Dr. J. S. Daniels, Rochester; Dr. M. B. Sullivan, Dover; Dr. S. A. Nash, No. Berwick.

Dr. P. A. Stackpole moved that the notifications of meeting should contain the subjects of papers to be read.

Passed.

Adjourned.

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REPORT OF CENTRE DISTRICT MEDICAL SOCIETY.

H. C. CUMMINGS, M. D., SECRETARY.

Four regular quarterly meetings of this society have been holden during the year.

July 9, 1889.—Dr. Roscoe Hill read an interesting paper on "Acute Articular Rheumatism," which brought out some discussion. The regular discussion—"Is the primary lesion in typhoid fever upon the mucous surface of the bowels or upon the nervous centres?" was opened by Dr. Cook and participated in by the members present, and proved interesting and instructive.

Oct. 8, 1889.—After the report of several cases occurring in private practice, the regular discussion for the day was taken up: "Is phthisis pulmonalis contagious, and should the profession advocate more strenuous means of preventing the spread of the disease?" Dr. Watson opened with an able and conclusive paper, and the general discussion was postponed to the next meeting.

Dr. G. H. Sanborn read an interesting ante-mortem report of a case of iliac abscess.

Jan. 14, 1890.—Annual meeting. The discussion postponed from the last meeting occupied the time until 12 o'clock, when the president, Dr. Graves, gave the annual address, which consisted of a review of the history of the Society from its incorporation down to the present time. This proved highly interesting in reminiscences to the older members, and possessed an equal charm for the younger ones, for the early proceedings of our society were, to say the least, somewhat unique. The paper was referred to the committee on medical history of the state. Dr. Day showed some microscopical specimens of bacillus tuberculosis.

The following officers were chosen for the ensuing year:

President—Dr. J. H. Sanborn, Franklin Falls.

Vice-President—Dr. L. W. Peabody, Henniker.

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Secretary—Dr. H. C. Cummings, Concord.

Treasurer—Dr. G. M. Kimball, Concord.

Librarian—Dr. I. A. Watson, Concord.

Chaplain—Rev. Dan'l C. Roberts, Concord.

Council—Dr. T. Hiland, Concord; Dr. W. A. Megrath, Loudon; Dr. J. R. Cogswell, Warner.

Executive Committee—Dr. G. P. Conn, Concord; Dr. F. A. Stillings, Concord; Dr. Geo. Cook, Concord.

At 1:30 o'clock the Society partook of the annual dinner, which was followed by the usual post-prandial exercises.

April 8, 1890.—Professor Frost, of Hanover, read a thoughtful and scientific paper on ptomaines, which was referred to the executive committee of the state society with the request that it be read at the next meeting of said society. Dr. Walker opened the discussion on "La Grippe *v.* Influenza, Which?" followed by all the members who had had any experience with the disease. No doubt it proved valuable to any who shall participate in the next epidemic.

A portion of the time of each meeting is occupied in the report of interesting or troublesome cases, and we are glad to note a generous willingness on the part of all, especially those of large experience, to offer helpful suggestions.

It will give us pleasure to welcome any members of the State or District Societies to any of our meetings, which always occur the second Tuesday of the first month of each quarter.

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CHESHIRE COUNTY MEDICAL SOCIETY.

IRA J. PROUTY, M. D., SECRETARY.

The annual meeting was held at City hotel, Keene, September 3, 1889. The following officers were elected for the ensuing year:

President—Dr. M. T. Stone, Troy.

Vice-President—Dr. S. M. Dinsmoor, Keene.

Secretary and Treasurer—Dr. I. J. Prouty, Keene.

The retiring president, Dr. G. B. Twitchell, of Keene, delivered the annual address on the subject of "Crime: some hints as to better methods of arresting its progress." It was a scholarly production, showing much thought and research, and was listened to with marked attention.

The subject for discussion was "Typhoid Fever." Dr. Cutler, of West Swanzey, related thirty cases that occurred in his village in 1885, in all of which there were bad sanitary surroundings. Dr. Hyland read a paper on the chemical theory of the disease. Dr. Aldrich, of Marlborough, spoke of its etiology. Several members present took part in the discussion. Six other meetings have been held during the year. In January a joint meeting of the Connecticut River Valley Association and our Society was held at Keene. Only a few members from our Society were present, owing to the epidemic of Diphtheria and Influenza. Papers have been presented by Dr. Hubbard, of Fitzwilliam, on "Nasal Catarrh;" Dr. Faulkner, of Keene, on the "Recent epidemic of Diphtheria;" Dr. Aldrich, of Marlborough, report of a case of Brain lesion; Dr. Prouty, of Keene, on "Use of cocaine in operative surgery."

There is not the interest taken in the Society that there should be, especially by the younger members. There is no reason why Cheshire county should not have a wide-awake medical society, one that is an honor to itself and to the State Society, of which it is a branch. The only way to do this is to have each one bear his part, even if it is at some personal sacrifice. It is hoped that more interest will be taken in the year to come than during the one just passed.

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REPORTS OF DELEGATES.

REPORT OF THE DELEGATE TO MAINE.

BY S. W. ROBERTS, M. D., OF WAKEFIELD.

Mr. President and Fellows: I was able to be at the meeting of the Maine Medical Society at the opening of the session. I was immediately introduced, and directly after me a delegate from the Medical Society of New York, and as he voluntarily made a short and appropriate response, the President, Dr. Sturgis, called upon me for some remarks, and, as best I could, I responded.

This was followed by a report of Dr. Dana of a medical meeting, I think, of the International Medical Congress that he recently attended at Washington, D. C. In his report he dwelt mainly upon one thing. This was the case of a child, better than six months old, which had been perfectly healthy and fed on the breast up to this time. Then its feed was equally divided between the breast and cows' milk. In about two weeks after this the child died of tubercular meningitis. The cow was examined, and found to be tuberculous. Four rabbits were secured, and eleven minims of this cow's milk were inected into the peritoneal cavity of each. In about six days the rabbits all died from tubercular peritonitis. As the bacillus of tubercle was found in all these cases, the doctor thought the proof perfect that they were the cause of death and introduced from without, though he failed to explain, or did not attempt to explain, why these parasites from the blood lit upon the membranes of the brain, or why this fluid, poisoned by the bacilli, did not act upon the surface it first came in contact with in the former as well as the latter case, and probably for reasons obvious. Some pertinent remarks were made by the

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doctor on the absolute necessity of having milk from healthy cows with which to feed infants, all of which were, after some discussion, fully assented to. This, with the introduction of new members and the transaction of some other business matters, constituted the exercises of the morning session, and the meeting was adjourned to 3 P. M.

That being the hour for the delegates from other societies to report, and there being none to report, the President, not Vice-President, as is done here, announced that the annual address of the President would be delivered. This, to our mind, was a *model* address,—model in this, that it took about twenty minutes for its delivery. Aside from this, there was nothing very peculiar about it. Something was said about the necessity of suppressing the morphine habit by law, and of having a board of registration. I believe, Mr. Secretary, they have nothing of the kind in Maine.

This was succeeded by a paper from Dr. Wedgewood, of Lewiston, on Dropsy. There was nothing unusual in this paper, only in its conciseness, and his novel method of treating it. The doctor did not go all over creation in reciting cases to prove the superiority of his method of treatment. He only adduced, he said, three of his worst class of cases, cases depending upon Bright's disease and organic disease of the heart as causes. These cases proved fatal from the causes mentioned, but the neat application of a rubber bandage, from the toes to the axillae, proved a powerful diuretic as well as diaphoretic, and in about two weeks' time, by these means, the water was all carried away, which gave the patients several years of comfort. This method of treatment was new to all the doctors present. In answer to my question why the rubber was superior to the cloth bandage, the doctor said he was unable to state; he only knew that it was. There was some discussion as to why the bandaging operated in that way, and that there would be danger, in Bright's disease especially, of its producing uræmia.

This paper was followed by one from Prof. Weeks on Pott's Disease. It was an elaborate essay on this subject, and the gavel dropped when the professor had gotten only half through. The by-laws of this association allow only twenty

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minutes to be consumed in the reading of any paper, unless by special permission. He gave a very minute description of this disease, and advanced some ideas that were new to me and perhaps to others. He thought the only safe treatment was recumbrance, and removal of the pus when sure it had formed. Dr. Gordon said in the discussion that the treatment by recumbrance was all right, provided you could keep the patient in the recumbent position, which he thought very doubtful. He believed in the application of Sayer's plaster-of-Paris jacket as the *sine qua non* in all these cases, and letting the patient have with this all the motion he was able. (No other physician agreed with him in this.) He (Dr. Gordon) was glad to see that Prof. Weeks had become a convert to his idea of removing the pus at once. Prof. Weeks replied that he found no difficulty in keeping the patient in the recumbent position, and that in regard to removing the pus, perhaps he and Dr. Gordon were not so far apart as the doctor had thought formerly, nor so near together now as he might suppose. The position he took now was the one he had always held, *i. e.*, to remove the pus very carefully when sure it had fully formed, otherwise the patient might be destroyed in attempts to do this previously to this time.

Adjourned to 8 P. M., when a paper was read by Dr. Gordon. This certainly was a very able, well written paper on Peritonitis. Dr. Gordon is said to be a specialist in gynecology. He believed the idiopathic peritonitis formerly considered was a myth,—that it is always a result of some specific injury, or of disease elsewhere. Said it was more common in the female than male, especially the adult. The reason for this, he thought, was because of the peritonaeum not being a closed sack in the female as in the male. He gave as the principal causes of this in the female, gonorrhoea, endometritis from the frequent injection of cold water,—and we thought he might have added what a single lady said we accused her of, "practising home industry, frequent abortions, etc.,"—the inflammation extending from the uterus and appendages through the Fallopian tubes to the peritoneal sac. His treatment for this disease, so far as the use of drugs is concerned, was the taking of small and frequently repeated doses of sulphate of magnesia,

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until free catharsis was induced. If the medicine was not retained by the stomach, he used as an injection two ounces of sulphate of magnesia, one ounce of glycerine, and three ounces of boiling water. He removed the pus when satisfied it had formed, and operated for a diseased ovary or Fallopian tube, or when the result of perforation from a pendicitis. In no case did he use opiates. Prof. Weeks did not know of any way by which he could tell whether there was perforation from a pendicitis, or whether it was peratephlitis. Dr. Gordon thought the rapid and extreme prostration that occurred in perforation happened in no other instance. This was all we heard of Tuesday's session.

Wednesday morning there was a paper on "Diseases of the Throat that were of Diphtheritic and Croupal Character." This was discussed somewhat, but there was no special interest in it, only a physician stated that he had a patient with laryngitis and pharyngitis at the same time, and could not account for it. But we thought the germists might say that the germs, when they could no longer go through the nose to the larynx, passed through the mouth to the pharynx.

The next and last paper to which we listened was on the "Use of Alcoholics." But little attention was paid to it, those who had anything to say about it being united in the opinion that physicians, in regard to the use of alcohol in the practice of medicine, should exercise a conscientious judgment, and not suffer themselves to be misled by one idea men, who know nothing about the practice.

Dr. Pendleton, of the Portland hospital, then exhibited a diseased and floating kidney, which he had recently removed from a lady, and the case was progressing well.

Dr. Dana introduced, as the closing exercise of the morning session, the subject of Pneumonia, to be discussed in the afternoon, and made some remarks upon it. He divided pneumonia into the catarrhal, croupous, and lobular. He believed this as much a constitutional disease with local manifestations as typhoid fever. He believed the cause to be a bacillus. He did not know of what variety, unless that of which he had never heard, spoken of by his friend Dr. Roberts. We had ad a little pleasantry over this subject, and stated what sharp

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teeth and claws the bacillus, or whatever he may be called, must have to so imbed himself in pure polished steel as to require his dislodgment or destruction every time these instruments were used in performing an operation. And we might have asked whether these germs made pure polished steel their home, or whether they acted on the principle the Apostle Paul said the devil did, when good was to be done or attempted to be done, always to happen round!

We had a cordial invitation by Dr. Foster, of Portland, an honorary member of this society, to dine with him. Dr. Fuller, of Bath, and Dr. Garcelon, of Lewiston, were among those present at this very pleasant banquet. The subject of Quinine was discussed by these eminent physicians, Dr. Fuller stating that he had not used ten grains of the drug in the last ten years; and Dr. Garcelon gave as a reason for the extensive use of it in New England, that so many of our teachers in the medical schools were Western men, and had impressed the Western idea in regard to the use of it upon the physicians of New England.

This, ladies and gentlemen, is a synopsis of what I saw and heard as your delegate to the Medical Society of Maine. Your delegate was treated with the utmost cordiality and consideration by the very eminent medical men of this association; and I must say, of attending the meeting of this association, as Col. Davy Crockett said of attending a back woods Kentucky wedding,—"If one knew the pleasure there was in attending them, he would wish to go there and be married once a fortnight."

REPORT OF THE DELEGATE TO VERMONT.

BY C. B. DRAKE, M. D., OF WEST LEBANON.

The Vermont Medical Society held its seventy-sixth annual meeting at Burlington, October 10 and 11, 1889. The attendance was not large. Dr. J. H. Woodward, of Burlington,

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read an interesting and instructive paper on Eye Strain and Functional Nervous Diseases,—interesting because it took us to a field of practice where ophthalmologist and general practitioner meet in common interest, and instructive because it treated of diseases of the nervous system and cited a sufficient number of cases to show that the grounds taken were tenable. This paper has been printed in monograph, and Fellows of our society interested in this subject will do well to procure copies and investigate. As there was no member appointed to open discussion on this paper, it was passed without remarks, except a few commending it.

Other papers were read, and passed through a similar course, which will not be the case at future meetings, as the society decided to have members appointed to open discussion on papers presented at the next meeting.

The President, Dr. J. M. Clarke, of Burlington, in his annual address, gave a brief history of the society, and earnestly urged its members to sustain and forward the interest of the same that future meetings be of more interest than those of the past. Attention was called to the defect in the laws of the state whereby bogus diplomas could be and were sold at prices varying from $35 to $60. One case was cited. A rejected medical student of the U. V. M. took the first train for Rutland, Vt., and returned on the next returning train to Burlington with a diploma, for which he paid $35. The working of this so called medical school comprises six to eight weeks (every spring) of lectures (?), by parties said to come from without the state. It was reported that one of these diploma mills is located at Rutland and one at Bennington, and no one can "molest or make afraid," for they do not break the laws of Vermont.

A bountiful supper was served to members at the expense of the society, after which your delegate departed from the Green Mountain State with pleasant memories of and best wishes for the Vermont Medical Society.

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REPORT OF THE DELEGATE TO NORTH CAROLINA.

BY O. H. BOYNTON, M. D., OF LISBON.

Mr. President and Fellows: Being in North Carolina at the time of the annual meeting of the State Medical Society, through the courtesy of our Secretary, Dr. Conn, I was furnished with credentials as delegate to that meeting.

The meeting was holden at Oxford, a beautiful town of some four thousand inhabitants, on May 27 to 29. The society numbers between five and six hundred members, about two hundred being present at this meeting. Many interesting papers were read, and some of them called forth quite lively discussions.

Dr. William A. Hammond, of Washington, D. C., was present by invitation, and gave an interesting talk on Spinal Disease, which was well received. Of the principal causes of sclerosis of the cord, particularly of the anterio lateral portion of it (barring injuries), he gave as excessive venera, excessive use of alcohol, and syphilis, in the order named.

In my judgment, gentlemen, one will rarely find in so large a gathering of physicians as composed that body any more wide-awake, polished gentlemen, ready speakers, and able debaters. The same is true, I believe, of the members of the state legislature, which I have had the pleasure of visiting several times. They are proud of their state, and keenly alive to its best interests. One noticeable feature, however, is the small number which compose the third house as compared to our little state of New Hampshire.

I find that in one important particular the medical profession of North Carolina are far ahead of most, if not all, of the New England States, namely, in regard to the laws regulating the practice of medicine. Through their legislature they have succeeded in effectually closing their doors against quackery in its various forms, and hereafter no incompetent person need apply.

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As the law now stands, no person who has graduated in medicine since 1885 can practice in the state without passing a rigid examination before a board of seven examiners, chosen for that purpose from the State Medical Society. Any person who can pass the examination, whether a graduate or not, will be received by the profession and entitled to all its privileges. These examinations are made during the week of the annual meeting of the state society. A person applying at any other time may be granted a temporary permit by two members of that board, which will be valid only until the next meeting of the examiners. At this meeting there were some seventy-five applicants for examination, and the whole week was devoted to the work. It was intimated to me that of the number only about fifty would be successful. Very little of the examination was oral.

In conversation with Dr. Thomas F. Wood, of Wilmington, N. C., chairman of the state board of health, I learned that for several years he has been suffering from a thoracic aneurism, which became so large as to prevent his doing business. He could not ascend a flight of stairs without being carried up. He is now quite active, and suffers no inconvenience from it. The treatment in his case was rest in bed for two years, and iodide of potassa in very large daily doses during that time. I think the maximum quantity was five hundred grains per day; in consequence of which he has quite a severe acne of the face, but he thinks himself fortunate to exchange the aneurism for the acne. The aneurism, he says, is not more than one third its former size.

The next meeting of the society will be at Ashville, in the western part of the state, which is both a winter and summer resort, and the mountain scenery, I am told, is fully equal to our own New Hampshire. The meeting will be on Tuesday, Wednesday, and Thursday of the third week in May, 1891. If any of you gentlemen would like a pleasant trip and an enjoyable vacation, do n't hesitate to ask to be appointed a delegate to that meeting; for I think you will never regret it, unless, perchance, your patients may all recover during your absence.

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OBITUARY.

THOMAS BASSETT, M. D.,

Died in Kingston, N. H., December 1, 1889, aged 92 years, 3 months, and 18 days. He was born in Deerfield, N. H., August 12, 1797. He was the son of Thomas Bassett (merchant) and Susanna Bassett, the latter the daughter of Rev. James McGregor, who migrated from Scotland to Ireland and thence to America, and who was one of the first settlers of Londonderry, this state. In 1812–'15 Thomas lived with his uncle, Rev. David McGregor, then a settled minister in Bedford, N. H., under whom he studied with a view to entering college. He spent a year in Pinkerton academy, Derry, a pupil of Samuel Burnham, leaving it on the death of his father in 1816. His pecuniary resources being inadequate, he was forced to drop his collegiate studies and resort to teaching that he might gain his object—an education. He taught in Manchester, in every district save one, to the entire satisfaction of his pupils and patrons. In 1821 he began the study of medicine with Dr. George Farrar, of Derry. A year later he entered the medical department of Dartmouth college, the private classes of Professors Muzzey, Oliver, and Dana. He continued under their tuition until he finished the regular course of medicine, receiving the degree of M. D. in 1824. He began practice in Danville, but after a few months, in March, 1825, he moved to Kingston, where he continued to reside, with the exception of a short time in Reading, Mass., till his decease. In 1826 Dr. Bassett was elected a Fellow of the New Hampshire Medical Society, in which he was for a long time censor and counsellor. He was justice of the peace several years, also at one time major and inspector in the first brigade of New Hampshire militia. In 1828 he married Miranda, daughter of Samuel Spofford, and granddaughter of Major Jacob

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Peaslee. She was born in Kingston, as were her ancestors for several generations. Dr. Bassett practised medicine in Kingston and vicinity sixty years. He was sought near and far by those needing surgical or medical aid. Like all country physicians, he treated all complaints that flesh is heir to, but in fevers he was considered almost an authority, his success in this disease being phenomenal. Some four years ago he had a shock of paralysis, from which he never recovered, and after which he did not leave his house till his burial. Although in these years the glory had departed from him, he did not lose his sweet temper, his courage, and his cheerfulness. It was his good fortune in his last days to be tenderly and wisely cared for by his wife, with whom he had lived for more than three score years. M. S. B.

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ANNUAL MEETING, 1890.

LIST OF THE FELLOWS

OF THE

NEW HAMPSHIRE MEDICAL SOCIETY.

N. B. The Secretary requests members to examine this list closely and notify him of any corrections to be made, as it is intended to publish the roll of members annually, and it is desirable to make it as accurate as possible. *Members allowing themselves to become three years in arrears for dues will find their names dropped from the roll, as it is construed that they no longer desire to remain connected with the society.* Members are not entitled to a copy of the Transactions until their dues are paid to the Treasurer. An asterisk (*) indicates a retired member.

Admitted.	Name.	Residence.
1872.	Abbott, A. W.	Laconia.
1882.	Abbott, Edward	Tilton.
1876.	*Abbott, O. D.	Manchester.
1873.	Adams, D. S.	Manchester.
1875.	Adams, Ira H.	Derry Depot.
1884.	Aiken, F. J.	Pittsfield.
1888.	Aldrich, W. H.	Marlborough.
1886.	Allen, Bradford	Nashua.
1878.	Allen, Carl A.	Acworth.
1890.	Allen, C. J.	Peterborough.
1886.	Allen, George E.	Bradford, Mass.
1876.	Anthoine, I. G.	Antrim.
1871.	Atkinson, W. P.	Eaton.
1882.	Bancroft, Charles P.	Concord.
1858.	Bancroft, J. P.	Concord.
1885.	Bean, J. W.	Lyme.
1873.	*Berry, Ed. S.	Concord.
1886.	Berry, John J.	Portsmouth.
1886.	Blair, A. W.	Dorchester, Mass.

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Admitted.	Name.	Residence.
1878.	Blaisdell, Frank	Goffstown.
1869.	Blaisdell, George C.	Contoocook.
1886.	Blake, Chas. A.	Bridgewater, Mass.
1885.	Blake, W. P.	Farmington.
1889.	Blaylock, Ella	Nashua.
1879.	Boutwell, Henry T.	Manchester.
1883.	Boutwell, Henry W.	Manchester.
1889.	Boynton, O. H.	Lisbon.
1888.	Brigham, Frank E.	Salmon Falls.
1869.	Brooks, N. G.	Charlestown.
1865.	Brown, J. Frank	Manchester.
1871.	Brown, J. P.	Taunton, Mass.
1870.	*Burnham, A. C.	Hillsborough Bridge.
1856,	Burnham, Hosea B.	Manchester.
1879.	Buswell, Albert C.	Epping.
1884.	Burns, Robert	Plymouth.
1880.	Butler, Jacob N.	Lempster.
1856.	Carbee, S. P.	Haverhill.
1867.	Carr, E. L.	Pittsfield.
1869.	Carter, W. G.	Concord.
1869.	*Carlton, C. A.	Salem, Mass.
1879.	Carvelle, H. de W.	Manchester.
1874.	Chase, W. D.	Peterborough.
1873.	Chamberlain, D. T. P.	Dover.
1867.	Child, William	New Hampton.
1883.	Chesley, A. P.	Concord.
1884.	Clark, Levi	Loudon Ridge.
1876.	Cogswell, J. R.	Warner.
1865.	Conn, G. P.	Concord.
1869.	Cook, George	Concord.
1877.	Crittenden, R. A.	Haverhill, Mass.
1881.	*Cummings, A. R.	Claremont.
1845.	*Currie, T. H.	Lebanon.
1882.	Currier, E. H.	Manchester.
1873.	Currier, D. M.	Newport.
1879.	Cutler, John H.	Peterborough.
1873.	Cutter, George I.	West Swanzey.
1878.	Danforth, M. S.	North Weare.
1890.	Davis, George M.	Bedford.

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Admitted.	Name.	Residence.
1867.	Davis, James A.	Lebanon.
1890.	Day, Arthur K.	Concord.
1876.	Dearborn, D. S.	Milford.
1854.	Dearborn, S. G.	Nashua.
1869.	Dinsmoor, S. M.	Keene.
1881.	Dinsmore, W. H.	Nashua.
1878.	Dix, M. C.	Hinsdale.
1878.	Dodge, C. M.	Manchester.
1888.	Dodge, Henry	Webster.
1883.	Drake, C. B.	West Lebanon.
1840.	*Eastman, J. C.	Hampstead.
1883.	Eastman, O. D.	Woodsville.
1879.	Emerson, A. L.	Chester.
1880.	Emery, Alfred E.	Penacook.
1889.	Erskine, James B.	Colebrook.
1866.	*Evans, Earl	Winchester.
1890.	Faulkner, H. K.	Keene.
1877.	Felt, M. H.	Hillsborough Bridge.
1857.	*Fenner, A. G.	Dover.
1883.	Fisher, E. C.	Sunapee.
1883.	Fisher, F. P.	Enfield Centre.
1883.	Flanders, Charles F.	Manchester.
1868.	Foster, T. S.	Laconia.
1862.	*Fowler, H. B.	Bristol.
1885.	French, Edward	Concord.
1880.	French, Henry M.	Concord.
1865.	*French, Leonard	Manchester.
1875.	French, L. M.	Manchester.
1872.	Frost, Carlton P.	Hanover.
1839.	*Gage, Charles P.	Concord.
1887.	Garland, William R.	Campton Village.
1882.	George, Charles F.	Goffstown.
1881.	Gibson, Charles R.	Woodsville.
1855.	Gould, True M.	Raymond.
1865.	Goodhue, D. P.	Springfield.
1889.	Gorham, George H.	Alstead.
1853.	*Goss, Oliver	Lake Village.
1886.	Goss, O. W.	Lake Village.

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Admitted.	Name.	Residence.
1885.	Gould, Chas. R.	Tilton.
1883.	Gove, George S.	Whitefield.
1883.	Grant, L. E.	Great Falls.
1869.	Graves, E. E.	Boscawen.
1869.	*Graves, F. W.	Woburn, Mass.
	*Graves, L. J.	Claremont.
1890.	Gray, George H.	Auburn.
1887.	Gross, Chas. W.	Milton.
1869.	Ham, J. R.	Dover.
1882.	Hammond, C. B.	Nashua.
1863.	Hanson, C. W.	Northwood Ridge.
1887.	Harmon, M. A.	Ossipee.
1888.	Harriman, A. H.	Laconia.
1880.	Hatch, G. W.	East Wilton.
1888.	Hawkins, F. D.	Meredith.
1887.	Hayes, John A.	Somersworth.
1890.	Hicks, Herbert D.	Amherst.
1839.	Hill, L. G.	Dover.
1890.	Hill, Roscoe	Epsom.
1886.	Hiland, Thomas	Concord.
1888.	Hodsdon, E. W.	Centre Sandwich.
1882.	Hoitt, Geo. C.	Manchester.
1872.	Holbrook, Guy	Colebrook.
1885.	Holbrook, Henry C.	Penacook.
1888.	Holcombe, C. H.	Brookline.
1886.	Houghton, E. F.	Claremont.
1864.	How, L. B.	Manchester.
1889.	Humiston, F. G.	Jaffrey.
1882.	Hutchinson, H. S.	Milford.
1890.	Hyland, Jesse B.	Keene.
1881.	Jackson, Joseph A.	Manchester.
1884.	Jarvis, Leonard	Claremont.
1876.	*Jarvis, S. G.	Claremont.
1876.	Jones, D. W.	Portsmouth.
1883.	Jones, F. P.	Mill Village.
1887.	Jones, Fred W.	New Ipswich.
1883.	Judkins, F. L.	Lynn, Mass.
1884.	Junkins, William O.	Greenland.
1867.	*Kelley, C. K.	Plymouth.

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Admitted.	Name.	Residence.
1890.	Kenison, N. S.	Suncook.
1886.	Kimball, George M.	Concord.
1870.	Kimball, J. R.	Suncook.
1860.	*Kingsbury, C. F.	Lyme.
1890.	Kittredge, Frank E.	Nashua.
1882.	Lanouette, Joseph E. A.	Manchester.
1869.	Larabee, G. H.	Suncook.
1876.	Lathrop, M. C.	Dover.
1889.	Leith, Wm. H.	Lancaster.
1885.	Lemaitre, Joseph E.	Manchester.
1884.	Leet, George C.	Canaan Street.
1885.	Leonard, William S.	Hinsdale.
1887.	Lougee, George W.	Freedom.
1856.	*Lougee, I. W.	Rochester.
1854.	*Manahan, Val.	Enfield.
1873.	Manchester, C. W.	Lebanon.
1890.	Marston, Enoch Q.	Sandwich.
1882.	Mason, J. E.	Manchester.
1847.	*Mason, W. H. H.	Moultonborough.
1888.	McGregor, G. W.	Littleton.
	McQuesten, E. F.	Nashua.
1887.	Megrath, Wm. A.	Loudon.
1888.	Merrill, J. F.	Scytheville.
1885.	Merrow, A. D.	Freedom.
1882.	Mitchell, Ezra, Jr.	Lancaster.
1882.	Morse, Charles A.	Newmarket.
1881.	Moffett, Frank T.	Littleton.
1874.	*Moody, William B.	Franconia.
1880.	Morrill, S. C.	Concord.
1883.	Munsey, G. F.	Greenville.
1880.	*Nelson, D. B.	Laconia.
1887.	Newell, Henry E.	Derry Depot.
1873.	Nichols, C. B.	Sacramento, Cal.
1883.	O'Brien, C. C.	Groveton.
1868.	Odell, J. W.	Greenland.
1888.	Osgood, George E.	East Barrington.
1881.	Otis, E. O.	Exeter.

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Admitted.	Name.	Residence.
1874.	Palmer, Haven	Plymouth.
1885.	Parker, H. R.	Dover.
1868.	Parsons, John W.	Portsmouth.
1856,	Pattee, Luther	Manchester.
1850.	*Peabody, L. W.	Henniker.
1879.	Perkins, F. B.	Londonderry.
1889.	Petit, A. Wilfred	Nashua.
1884.	Pettingill, James B.	Amherst.
1853.	*Phillips, B. H.	Suncook.
1869.	*Pike, C. C.	Peabody, Mass.
1890.	Pitman, Joseph H.	North Conway.
1877.	Porter, W. B.	Walpole.
1882.	Powers, G. H.	Acworth.
1880.	Pray, J. W.	East Northwood.
1882.	Preston, J. W.	Great Falls.
1889.	Prichard, Kate E.	Nashua.
1883.	Prouty, Ira J.	Keene.
1889.	Quimby, John Grant	Lake Village.
1884.	*Randall, F. D.	Leavitt Hill.
1886.	Raynes, J. B.	Lebanon.
1877.	Richardson, A. P.	Walpole.
1890.	Richmond, Allen P.	Dover.
1857.	Roberts, S. W.	Wakefield.
1851.	*Robinson, A. H.	Concord.
1887.	Robinson, John F.	Manchester.
1879.	Robinson, J. L.	Manchester.
1878.	Russell, J. Wallace	Concord.
1869.	Russell, M. W.	Concord.
1888.	Saltmarsh, Geo. H.	Lake Village.
1884.	Sanborn, C. A.	Redlands, Cal.
1880.	Sanborn, G. H.	Henniker.
1858.	Sanborn, J. H.	Franklin Falls.
1881.	Sanborn, T. B.	Newport.
1887.	Scott, N. H.	Wolfeborough.
1870.	Scruton, J. E.	Union.
1890.	Shea, A. W.	Nashua.
1888.	Smith, A. Noel	Dover.
1888.	Smith, Henry O.	Hudson.

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Admitted.	Name.	Residence.
1870.	*Smith, J. Ranlet	Gloucester, Mass.
1885.	Smith, M. F.	Hampton.
1879.	Smith, W. T.	Hanover.
1888.	Spaulding, F. W.	Epping.
1844.	*Stackpole, P. A.	Dover.
1882.	Staples, J. W.	Franklin Falls.
1887.	St. Germain, Joseph P.	Suncook.
1875.	Stillings, F. A.	Concord.
1890.	Stokes, D. L.	Goffstown Centre.
1880.	Stone, M. T.	Troy.
1876.	Sturtevant, C. B.	Manchester.
1885.	Sullivan, James	Manchester.
1841.	*Swett, J. L.	Newport.
1886.	Taft, A. H.	Winchester.
1877.	Tolles, C. W.	Claremont.
1890.	Towle, G. H.	Deerfield.
1878.	Towne, G. D.	Manchester.
1874.	Tucker, E. M.	Canaan.
1890.	Tufts, Chas. A.	Dover.
1844.	*Twitchell, G. B.	Keene.
1887.	Underhill, George A.	Nashua.
1887.	Vittum, Stephen	Laconia.
1880.	Wade, E. A.	Salem Depot.
1887.	Wadley, W. K.	Hopkinton.
1878.	Walker, C. R.	Concord.
1886.	Wallace, Ellen A.	Manchester.
1879.	Watson, I. A.	Concord.
1860.	*Waterhouse, William	Barrington.
1887.	Way, Osman B.	Claremont.
1883.	Weaver, C. A.	New Boston.
1882.	Weymouth, G. W.	Grafton.
1845.	*Weymouth, H. A.	Andover.
1877.	Welch, S. N.	Sutton.
1858.	*Wheat, Thomas	Manchester.
1863,	Wheeler, J. H.	Dover.
1853.	Wheeler, John	Pittsfield.
1872.	Whittier, S. C.	Portsmouth.

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Admitted.	Name.	Residence.
1857.	Wilkins, W. W.	Manchester.
1890.	Willey, Bertram E.	Canaan.
1878.	*Wilson, J. W.	Contoocook.
1889.	Woodman, M. S.	West Lebanon.
1883.	Woodward, J. N.	Nashua.
1879.	Young, Leander J.	Haverhill, Mass.

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TRANSACTIONS

OF THE

NEW HAMPSHIRE MEDICAL SOCIETY

AT THE

Centennial Anniversary,

HELD AT

CONCORD, JUNE 15, 16, AND 17, 1891.

Concord, N. H.:
REPUBLICAN PRESS ASSOCIATION, RAILROAD SQUARE.
1891.

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NEW HAMPSHIRE MEDICAL SOCIETY.

OFFICERS OF THE SOCIETY, 1891–'92.

PRESIDENT.

DR. MOSES W. RUSSELL, Concord.

VICE-PRESIDENT.

DR. JAMES H. WHEELER, Dover.

TREASURER.

DR. DANIEL S. ADAMS, Manchester.

SECRETARY.

DR. GRANVILLE P. CONN, Concord.

EXECUTIVE COMMITTEE.

DR. CHARLES R. WALKER, Concord.
DR. GEORGE D. TOWNE, Manchester.
DR. JOHN R. KIMBALL, Suncook.

ANNIVERSARY CHAIRMAN.

DR. GEORGE D. TOWNE, Manchester.

COMMITTEE OF ARRANGEMENTS.

DR. F. A. STILLINGS, Concord.
DR. H. M. FRENCH, Concord.
DR. W. G. CARTER, Concord.
DR. D. E. SULLIVAN, Concord.
DR. A. K. DAY, Concord.

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DR. JAMES H. WHEELER, Dover.
DR. EDWARD FRENCH, Concord.
DR. ABEL P. RICHARDSON, Walpole.
DR. ELLEN A. WALLACE, Manchester.
DR. EDWARD H. CURRIER, Manchester.
DR. GEORGE W. McGREGOR, Littleton.
DR. GEORGE C. BLAISDELL, Contoocook.
DR. DAVID P. GOODHUE, Springfield.
DR. H. DEW. CARVELLE, Manchester.
DR. JOHN W. PARSONS, Portsmouth.
DR. I. A. WATSON, Concord.
DR. WM. T. SMITH, Hanover.
DR. ROBERT BURNS, Plymouth.
DR. SAMUEL C. WHITTIER, Portsmouth.
DR. ARTHUR K. DAY, Concord.
DR. E. F. McQUESTEN, Nashua.
DR. IRA J. PROUTY, Keene.
DR. A. NOEL SMITH, Dover.
DR. ELLA BLAYLOCK, Nashua.
DR. CHARLES A. TUFTS, Dover.

CENSORS.

DR. DANIEL S. ADAMS, Manchester.
DR. THOMAS HILAND, Concord.
DR. JOHN W. PARSONS, Portsmouth.
DR. C. B. HAMMOND, Nashua.
DR. C. B. DRAKE, West Lebanon.
DR. GEORGE D. TOWNE, Manchester.
DR. LEONARD JARVIS, Claremont.
DR. J. C. EASTMAN, Hampstead.
DR. IRA J. PROUTY, Keene.
DR. M. C. LATHROP, Dover.

TRUSTEES.

DR. LEVI C. HILL, Dover.
DR. JOHN W. PARSONS, Portsmouth.
DR. WILLIAM T. SMITH, Hanover.

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COMMITTEE ON PUBLICATION.

DR. G. P. CONN, Concord.
DR. D. S. ADAMS, Manchester.

[The Publication Committee desire to have it understood that the publication of any paper does not constitute an endorsement by the society.]

COMMITTEE ON THE HISTORY OF MEDICINE IN NEW HAMPSHIRE.

DR. I. A. WATSON, Concord.
DR. WILLIAM CHILD, New Hampton.
DR. J. W. PARSONS, Portsmouth.
DR. WILLIAM T. SMITH, Hanover.
DR. G. P. CONN, Concord.

All communications intended for this committee should be addressed to the chairman, Dr. Irving A. Watson.

The next annual meeting of the New Hampshire Medical Society will be held in Concord, the third Monday and Tuesday of June, 1892.

All communications intended for the Society should be addressed to the Secretary, G. P. Conn, M. D., Concord, N. H.

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NEW HAMPSHIRE MEDICAL SOCIETY.

PROCEEDINGS

OF THE

ONE HUNDREDTH ANNIVERSARY.

MONDAY, JUNE 15, 1891.

The President and Fellows of the Society, together with delegates from other societies and invited guests, convened in the hall of the G. A. R., in Concord, at 11 o'clock.

The President, Dr. Lyman B. How, of Manchester, called the meeting to order, and the exercises were opened with prayer by the chaplain, Rt. Rev. W. W. Niles, D.D., of Concord.

PRAYER.

O eternal and immortal God, maker and upholder of all things visible and invisible, the creator of our bodies, the father of our spirits, the Lord of light and of life, in whom we move, and live, and have our being; we adore Thy majesty, we give thanks to Thee for Thy great love to the children of men. Chiefly would we now and before all else acknowledge our dependence upon Thee for life and breath, and also for the power to get knowledge. It is Thou only that givest skill to the physician and virtue to medicine, and that canst cure the sick and make them to be whole. From Thee, the father of light, cometh down every good and perfect gift.

We would thank and praise Thee, our heavenly Father, for the advance in knowledge that has been made during the last hundred years, in the cure of the sick and of them that are bereft of reason, and for Thy tender care of all the children of

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sorrow. Especially would we praise Thee for the bright example of the many good men who have been engaged in this high calling, in the service of their fellow-men.

Give Thy blessing, we beseech Thee, to all who shall at this time gather together here. Let everything be done in mutual love and good-will. In all our seekings after wisdom, may our minds be illuminated by Thee, who art the fountain of all wisdom. And may we all evermore live and work in the spirit of Him, who Himself took our infirmities and bore our sicknesses, and when on earth went about doing good; and who died for us and rose again, that we in him might live forever more, Thy Son, Jesus Christ, Our Lord.

Our Father who art in heaven, Hallowed be Thy name. Thy kingdom come. Thy will be done in earth, as it is in heaven. Give us this day our daily bread. And forgive us our trespasses as we forgive those who trespass against us. And lead us not into temptation, but deliver us from evil; For thine is the kingdom, and the power, and the glory, forever and ever. Amen.

Direct us, O Lord, in all our doings with Thy most gracious favor, and further us with Thy continual help; that in all our works, begun, continued, and ended in Thee, we may glorify Thy holy name, and finally by Thy mercy obtain everlasting life, through Jesus Christ, Our Lord. Amen.

Unto God's gracious mercy and protection we now commit ourselves. The Lord bless us and keep us. The Lord make His face to shine upon us, and be gracious unto us. The Lord lift up His countenance upon us, and give us peace, both now and evermore. Amen.

It was voted that the reading of the records of the last meeting be dispensed with.

The Committee of Arrangements, by the chairman, George Cook, M. D., made the following report:

The exercises of the day are pretty well outlined upon the programme, but we will rehearse them. After the adjournment this noon, you are invited to visit the city hospital, also the new hospital now in process of erection. You are invited to visit the hospital for the insane during those hours, if

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you desire to. I am also instructed to invite any who so desire, to visit the state prison, and I am assured that the warden will let you out in season to get back here at the afternoon session. The exhibitors have their display in Phenix hall. This evening the Council will come together promptly at 7 o'clock, at this place, so as to get their business done in order to attend the reception given by Dr. Wallace-Russell, corner of Green and Pleasant streets. That reception will be from 8 until 11 o'clock. There will be at the Eagle hotel, at about 8 o'clock, carriages for the guests of the Society and ladies, and others who do not know the way, which will convey them to the reception.

To-morrow we meet at 8:30 to transact such business as is necessary to be done. The excursion train leaves the depot at 10:30 promptly. There will be a parlor-car for the ladies, and a smoking-car for those who wish to smoke. We shall stop at Tilton, Laconia, and Lake Village to take members of the Society. At Lake Village we branch off on the Lake Shore Railroad and go to Alton Bay, where we take the steamer *Lady of the Lake*, but we do not leave there until the arrival of the train from Dover and Portsmouth at about a quarter past 12. Then we go across to the Weirs. A light collation will be served on the boat.

This excursion is given by the Society to the members of the Association, to their invited guests, and to their wives. You can see it is very difficult to draw the line in extending personal invitations. Invitations are given to guests of the Society, gentlemen and ladies from abroad, residents in the state who have been invited—the delegation in congress, for instance, and newspaper men. If you have other friends you wish to take with you, tickets can be purchased for $1.50. We expect to get back to resume the centennial exercises according to programme.

The Anniversary Dinner will take place at 7 o'clock p. m. promptly. Wives are not invited to this unless we have room and you purchase tickets. The dining-room can seat only two hundred, and we expect that the whole number will be taken up by our members and invited guests. At 5:30 the usual supper will be served at the hotel, and those who are not guests or members of the Society can have tea at that time.

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Charles R. Walker, M. D., presented the report of the Executive Committee as follows:

Mr. President and Gentlemen: Your committee desire to call your attention to the volunteer papers, which have been added to the programme since our last report:

One is by Dr. Berry, of Portsmouth, on the "Internal use of Germicides;" one by Dr. Frost, of Hanover, on "Medical Education in New Hampshire;" and one by Dr. Prouty, of Keene, entitled "A plea for the more thorough study of Therapeutics."

I also wish to say at this time, that if any member desires to go as a delegate to any special state or society meeting, and will signify his choice, the executive committee will be only too happy to see that he is furnished with the proper credentials.

The following committees were appointed by the president:

Committee to receive and introduce delegates and invited guests,—Drs. George Cook, I. A. Watson, C. R. Walker, Thomas Hiland, Concord; Drs. Geo. D. Towne and Ellen A. Wallace, Manchester; Dr. John W. Parsons, Portsmouth; and Dr. M. C. Lathrop, Dover.

Committee to examine and report on patients,—Drs. M. W. Russell, Concord; C. P. Frost, Hanover; Ira. J. Prouty, Keene; G. C. Blaisdell, Contoocook; Ella Blaylock, Nashua; and H. B. Burnham, Manchester.

The Committee on the Reception of Delegates reported that the following had presented their credentials:

Maine. Dr. T. D. Sullivan, of Portland.

Vermont. Dr. J. S. Richmond, of Windsor; Dr. Fred P. Fletcher, of Bradford.

Massachusetts. Dr. Edwin B. Harvey, of Westboro; Dr. John L. Hildreth, of Cambridge; Dr. E. S. Fuller, of Leominister; Dr. S. B. Woodward, of Worcester.

Rhode Island. Dr. George R. Smith, of Woonsocket.

Connecticut. Dr. E. F. Parsons, of Thompsonville; Dr. J. F. Caleff, of Cromwell.

Also the following Honorary Members:

Dr. T. A. Foster, of Portland, Maine; Dr. H. W. Williams, of Boston, Mass.

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Dr. Cook introduced these members of other state societies to the president, Dr. How, who warmly welcomed them with appropriate remarks, and they were introduced to the Society and invited to seats, and to participate in the proceedings of the Association.

Dr. Irving E. Kimball not being present,—Dr. Sullivan, of Maine, introduced the following resolution and letter from the Maine Medical Association.

It was accepted, and ordered printed:

PORTLAND, June 13th, 1891.

DR. IRVING E. KIMBALL,

Delegate to the New Hampshire Medical Society:

Dear Sir: I have the honor to transmit to you a certified copy of a resolution offered at the annual meeting of the Maine Medical Association, June 12, 1891:

"*Resolved*: That the representatives of this Association who shall attend the Centennial Anniversary of the New Hampshire Medical Society, June 15, 16, 17, be hereby formally instructed to present to the New Hampshire Society the congratulations of this Association upon the attainment of its one hundredth birth-day, and a cordial expression of our desire for the continuation of those fraternal relations which have, since our organization, characterized the intercourse of the "Maine Medical Association with our sister society of New Hampshire."

Will you kindly acquaint your associates, if any be present, of this resolution, which was given a unanimous passage.

Drs. T. A. Foster and S. C. Gordon, of this city, have expressed their intention of being present in Concord on June 15th.

Drs. T. D. Sullivan, of Portland, and Joseph J. Cobb, of Milan, were this year appointed delegates; their appointment does not, however, supersede yours, as the New Hampshire meeting last year was held at the same time as our own, and you were delegated for this year.

I am very truly yours,

CHAS. D. SMITH,
Secretary.

The following is in part the remarks of Dr. T. A. Foster, of Maine, when introduced to the Society:

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Fellows of the New Hampshire Medical Society: I have always enjoyed my visits to your meetings very much, and have highly prized the honors you have conferred upon me. I have never enjoyed them more, and I think I have never felt quite as well pleased as at this meeting. I have never attended any meeting where it seemed to me more good work was done in so beautiful a way as it was here yesterday.

I was not expecting to be called upon to say anything to-day, and will not detain you long. I refused to present the resolutions passed by our Society, when asked to do so by our delegate present, because I consider it his duty to do so. Those resolutions were passed unanimously, and I wish to say, here and now, that the Medical Association of Maine is in fullest harmony and sympathy with this society. I know certainly that many of the present and past officers of our Association would have been here to enjoy this celebration had it not been for the examination at Bowdoin college now going on, at which many of them are obliged to be present. Allow me to extend to you their congratulations. I am sorry that we have not here to-day Drs. Gordon and Kimball, whom we had the most reasonable grounds to expect. But something has occurred to detain them.

You of course know that the Association of Maine does not claim to be a twin sister; it is too young almost to claim membership in the same family. It has just celebrated its thirty-ninth birthday. However, I wish to assure you that it has successfully passed through its childhood. It had to contend with all the diseases to which children of this kind are liable. It had to work its way along step by step. It was on wheels for ten years, going in its baby carriage from one place to another throughout that great state; and so long as it was on wheels it made slow progress. But as soon as it got through that troublesome period and located itself, it immediately began to develop, and now I am proud to say that the Maine Medical Association is in its vigorous manhood.

Again I desire to extend to you the good wishes of the Association, and I hope that all the officers and every member of this society will find it convenient to attend the celebration of its centennial anniversary. [Laughter.]

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The following papers were then read, discussed, accepted, and referred to the Committee on Publication:

a. Dissertation—"On the Treatment of Epithelioma by Magnesium-Sulphas." By E. E. Graves, M. D., Boscawen.
Discussion opened by C. R. Walker, M. D., Concord.
b. Oration—"Four Medical Men of New Hampshire." By Edward French, M. D., Concord.
c. Report on Gynecology. By Ellen A. Wallace, M. D., Manchester.
Discussion opened by Ella Blaylock, M. D., Nashua.
d. Oration—"Looking Backward." By A. P. Richardson, M. D., Walpole.
e. Dissertation—"On the Internal Use of Germicides." By J. J. Berry, M. D., Portsmouth.
Discussion opened by G. P. Conn, M. D., Concord.
f. Essay—"Medical Education in New Hampshire." By Prof. C. P. Frost, Hanover.

At the conclusion of the reading of these papers the Society adjourned until 8.30 a. m., Tuesday, the evening being devoted to the meeting of the Council, and to a reception at the residence of Dr. J. Wallace-Russell.

MORNING SESSION.

TUESDAY, June 16, 1891.

Called to order by the President, and prayer was offered by Rev. Dr. Roberts, of Concord, as follows:

Our Father who art in Heaven, we come with humble thanks for all the blessings which Thou hast showered upon us. We thank Thee, this morning, for these physicians, for all the work they have done and are doing, and especially for the great work that has been going on through the influence of this Society, during all the century of its existence. Grant, O Lord, that in the time to come we may have additional reason to give Thee thanks, as now we give Thee thanks, for the profound devotion of these Thy servants, and those who have gone before them in the search for scientific truth for the sake of health and the relief of suffering. Grant, O Lord, Thy blessing upon their efforts now, and upon the efforts of those who may come hereafter in continuing the search for all the

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knowledge of things with which, in Thy providence, Thou hast surrounded us in this world, and the powers and qualities with which Thou hast endowed this Thy creation in which we live, that they may have greater skill in the relief of human ills. Grant also, O Lord, that as the years go by and new knowledge comes and new powers, Thy servants may have patience in investigation, wisdom in perception, and skill in application of all they may learn and of all Thou dost reveal to them. Grant, as they are constantly and continually in the presence of that wondrous mystery of life, they may come more and more fully to recognize the being and power of the God of all life.

We thank thee for all the advances that have been made, for all the learning that has been gained, and for all the light that has come from the labors, prayers, and efforts of Thy servants.

We thank Thee that during the past few years the heart and skill of woman have been enlisted in this wondrous work.

And now we ask that the gentle influence of Thy grace may awaken in the hearts of each one of these who have this great trust in keeping, a godly love, a holy purpose,—so that, as the world goes on and becomes older, hearts and souls as well as bodies may receive new strength and relief through their labors; and may they at last find rest in the presence of Him who hath endowed the world with all its beauties and its mysteries, and who hath endowed these Thy servants, and those who have gone before, and will endow those yet to come, with power and knowledge. Endow them, O Lord, with new power, the power of the Holy Spirit; new knowledge, the knowledge of things above and of the world beyond.

These things we ask, in the name of Him who went about doing good, healing the sick, speaking comfort to the desolate, and relieving all suffering,—Thy Son, our Saviour, Jesus Christ. Amen.

REPORT OF THE COUNCIL.

CONCORD, Monday evening, June 15, 1891.

The Council met at G. A. R. hall, and was called to order at 7.30 p. m., the President being in the chair.

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The Secretary called the roll, and the following members responded to their names: Drs. James H. Wheeler, Dover; A. P. Richardson, Walpole; Ellen A. Wallace, Manchester; Edward H. Currier, Manchester; D. P. Goodhue, Springfield; John W. Parsons, Portsmouth; I. A. Watson, Concord; W. T. Smith, Hanover; C. W. Gross, Milton Mills; F. T. Moffett, Littleton; C. B. Drake, West Lebanon.

To fill the places of the absent members of the Council, the following persons were elected: Dr. J. C. Eastman, Hampstead, in place of Dr. Edward French, Concord; Dr. S. M. Dinsmore, Keene, in place of Dr. George W. McGregor, Littleton; Dr. I. J. Prouty, Keene, in place of Dr. George C. Blaisdell, Contoocook; Dr. L. G. Hill, Dover, in place of Dr. H. De W. Carvelle, Manchester; Dr. William Child, New Hampton, in place of Dr. Robert Burns, Plymouth; Dr. S. W. Roberts, Wakefield, in place of Dr. W. B. Porter, Walpole; Dr. L. W. Peabody, Henniker, in place of Dr. H. C. Holbrook, Penacook; Dr. E. M. Tucker, Canaan, in place of Dr. Henry Marble, Gorham; Dr. D. M. Currier, Newport, in place of Dr. S. Whittier, Portsmouth.

The report of the Committee on History was called for, and was presented by its chairman:

DR. WATSON.—*Mr. President and Gentlemen:* As chairman of the committee having in charge the collection of the medical history matter, I would say that during the last year I have been able to gather considerable material looking in the direction of completing, so far as possible, the history of medicine in New Hampshire. The gentlemen here well understand that this work has been in progress for quite a number of years. At the present time we have a very large amount of matter relating to surgical and medical practice in the state, enough to make an exceedingly important and valuable volume. The history has not been written, and only a small portion of it has been properly arranged. It may be said to be in a somewhat skeleton form. There is ample matter to make a very complete work, but a good deal of time must be devoted to it in order to put it in presentable shape. That seems to be at the present time one of the chief obstacles to the publishing of the history, although we think that can be remedied so that

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in a comparatively short time we may be able to present a work of great credit to the state. It will certainly be in advance of anything hitherto published in this line in this or any other state,—at least, it ought to be.

The committee hope to secure arrangements whereby they may bring this history out within a comparatively short time—in the course of a year or two. The matter is not in such shape that the history can be completed in two or three weeks or in as many months: there must be a great deal of time spent upon it yet, and the Society must not look for the volume before a year or two at least.

Resolution presented by Dr. Child, of New Hampton:

Resolved, That a committee of three be appointed by the President, one from the Board of Trustees, one from the Executive Committee, and one from the elective officers of the Society, to act upon the matter of securing the publication of a "History of Medicine in New Hampshire."

That the said committee are hereby empowered to enter into such agreements as it may deem necessary to secure the publication of such a history as early as practicable, at a cost not to exceed fifteen hundred dollars of the Bartlett fund now in the custody of the Trustees.

THE SECRETARY.—*Mr. President:* I would most heartily support these resolutions, for this reason: We have now, as Dr. Watson has already said, in skeleton form, what I believe to be the basis of the best state history of medicine in the Union. I have my doubts if there is anything in any country or any state which has had so good a basis to start on as this history that is in contemplation.

From what little knowledge I have of works of this kind, there will be a single volume of at least a thousand pages, or two volumes of five hundred pages each. In order to secure the publication of such a history, it is necessary that there should be funds behind it. Any committee or any person moving in the matter wants some substantial security that such an edition would be taken after it is printed.

My idea would be that this committee, which the resolutions contemplate, should secure to the New Hampshire Medical Society a sufficient number of volumes for every member, and

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also a certain number to be laid aside for future use. I am confident that there is not a member in the Society but what would want a copy, and I think that most of the members of the profession in other states who were born in New Hampshire would want a copy; but it will take time to bring about the sale of such a work, and no individual wishes to lock up money in that way. I believe that with the guaranty provided for in this motion, we might be able to publish the history, and that in the end the Society would not have lost anything; but we must have a guaranty in the first instance.

I would ask Dr. Watson to speak in regard to this matter of printing, as he has had more experience than any of the rest of us in regard to publications.

DR. WATSON.—*Mr. President:* I have looked into the matter of publishing a work such as we contemplate. I have had more or less experience in the publishing of books during the last ten years, and I know that the expense would be large,—more than the Society could bear without involving itself in debt.

In the first place, the printing of a sufficient edition would probably cost considerably more than the Society could pay. In addition to that, there should be a large number of illustrations. It is true that the descendants of some of the representative men of the profession would gladly furnish a plate for the work, while in other cases the Society or the publishers would have to furnish a plate. There are some men worthy of having their features placed in the volume who have no descendants that can be found, or, if they can be found, they are not able to furnish a plate for it. Living members of the profession can of course provide for themselves. I think it would be a very good thing to have published a fac-simile of the autographs of many of the physicians, especially some of the more prominent ones. I have obtained a large number of valuable autographs, and if we used many, as it would doubtless be desirable to do, there would be an extra expense. So in this way and that, there are a great many incidental expenses aside from the bare cost of printing the volume.

There would be some expense in the way of clerical work, to assist in compiling the volume. Hence the funds which the

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Society has would not be ample to meet the expense of publishing such a work as is contemplated. But I feel that if the Society would guarantee to take a certain number of volumes, sufficient for its own use, that the committee or publishers would not hesitate to assume the entire expense of getting out a volume which would be satisfactory. I think that the resolutions already offered would fully cover that matter.

DR. HILL.—What is the probable expense?

DR. WATSON.—I think probably from $2,000 to $2,500 would be the cost of printing and binding a limited edition of perhaps one thousand volumes. Besides what I have mentioned, there would have to be two or three styles or sizes of type used, for foot-notes, etc., and that would add to the expense. It is going to be necessary to have a great many references, and they will be exceedingly valuable. Moreover, there is another thing I would like to have done, and that is, to insert fac-simile copies of some of the records of some of the older physicians. I have been able to collect some of a good deal of value. For instance, I have the original of a bill of Matthew Thornton's, presented to the Province of New Hampshire. I have also in my possession, although the state owns it, a journal of Josiah Bartlett, from 1765 to 1767, embracing three years and over. There are over three hundred pages, substantially all in his own handwriting. It would be exceedingly interesting to introduce a fac-simile page of that. I have had a plate made at my own expense sufficient for one page.

So you see there are several things that would make the history interesting to the medical profession, that would add largely to the expense of the work. Those things would add greatly to the interest and value of the volume. Speaking from an individual stand-point, I would say that I do not feel like having a history that may be made so valuable slighted in any way.

DR. HILL.—What is the power conferred upon your committee at the present time?

DR. WATSON.—No power, except to gather the matter.

DR. EASTMAN.—Being a descendant of the Bartletts, I have an interest in this matter. I have always opposed the distribution of this fund, because I have thought if we did not spend it

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now we might be able at some time to expend it in a way that would be a monument to the Bartlett family. If I recollect rightly, Governor Bartlett, the old governor and signer of the Declaration of Independence, was the founder of this society, and it seems to me appropriate that something should be done by means of this fund in the way of honoring that family. I think before we spend it in this way that we should think of it a little. I would like to know what is the amount of the fund now.

Dr. Hill.—The next report will be that of the trustees, when you will know all about it. And yet, as Dr. Eastman would like the information, I would say that the fund, in round numbers, interest and all, is about $2,000 at the present time,—not quite that, from $1,500 to $2,000. I would also say that perhaps Dr. Eastman has not always been present when this matter has been discussed, but it has always been thought that it should be preserved for the publication of the history. That would be a monument to the founder. It is designed that his picture should be given the most prominent place in the volume. I would say that his great-grandson has written me that he would furnish the necessary plate—a steel plate.

Dr. Eastman.—I do not want you to feel that I am opposed in any way to this history, but I want the money expended where it will do the most good in the way I have suggested.

Dr. W. T. Smith.—If I am not mistaken, there is a certain amount of this Bartlett fund, about three hundred dollars, that cannot be expended. I should like to ask if this resolution intends to limit the amount that is to be expended on the book to what we may have on hand of that Bartlett fund?

The Secretary.—That only limits the amount of the fund that may be used for the proposed history.

Dr. Smith.—I would like to ask Dr. Watson how many copies would have to be engaged by the members of the Society in order to get the guaranty that he speaks of as being necessary.

Dr. Watson.—I should be under the impression, if the Society would contribute to the extent of fifteen or sixteen hundred dollars, that it could probably receive for that sum four hundred copies, enough for every member of the Society, and

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have a sufficient surplus left. I have an impression, without going into details, that about four dollars a volume would be the cost of such a work as we should wish.

Dr. EASTMAN.—I hope you will not consider my remarks in the nature of an objection. I will withdraw them so far as I can.

THE PRESIDENT.—I am very much opposed to diminishing the Bartlett fund, and I wish to offer an amendment that the Bartlett fund be not pledged for more than half the amount.

It seems to me that it would be the best way to leave that fund intact and secure this publication in some other way. We certainly want this history published, and we want it published now when Dr. Watson is able to attend to it, for I do not know of another man that can take the matter that he has collected and put the volume into such shape as he can. Why cannot we each guarantee so much apiece? I will guarantee thirty dollars towards covering the expenses of this transaction; and then we could each take a volume, and sell what we can, and, if there is any difference, pay that difference. We might get our volume perhaps for ten dollars, but I would not begrudge twenty-five dollars myself for this history. It seems to me that it might be done in some such way as this without pledging the Bartlett fund for securing the publication of this history.

Dr. HILL.—Dr. Watson, what do you consider the expense of publication will be? What will it cost a volume?

Dr. WATSON.—It is a pretty hard matter to figure it just that way; it is absolutely impossible, in fact, to figure the cost of a volume even approximately; but if this Society would guarantee a sufficient amount so that a committee would dare undertake the risk, then the history could be published. I do not think it would be the proper thing to ask the Society to stand the whole expense of this work. It is not necessary. But if it would guarantee a certain sum towards this work, and receive for that sum a sufficient number of volumes, so as to give every member a copy and have a surplus besides, it seems to me that would be the wisest measure for it to adopt. Probably a guaranty of fifteen hundred dollars, or somewhere in that vicinity, would be ample to secure the compiling and pub-

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lishing of the work. In that way it would not involve the Society in debt.

Dr. ROBERTS.—I do not exactly understand, from what has been said here, what kind of a history this is to be. It is said to be the history of medicine in New Hampshire. Would it, or would it not, be confined to the history of this Society and its members?

Dr. WATSON.—The bare history of the New Hampshire Medical Society would be a very incomplete history of medicine in New Hampshire. The history of medicine back of the organization of this Society is interesting and valuable. There are many very curious and quaint matters connected with the practice of medicine in colonial times. There were men, members of the medical profession in this state, who were not members of this Society, but who are worthy of mention. There was Matthew Thornton, for instance. He was not a member. Henry Dearborn was not a member of this Society. I might also mention other distinguished physicians, who lived prior to the formation of this Society. A history of this Society would not be a history of medicine and surgery in New Hampshire.

THE SECRETARY.—I care to say but a word. I do not understand why we should have any hesitation whatever in using such a portion of the Bartlett fund as was contemplated by the donator should be used, and that was, all the income after ten years. Some years ago the Society became in debt, and drew out two hundred dollars. Were it not for that we should have considerable over two thousand dollars now. I cannot see any better use that we can put the income of that fund to than to use it as a guaranty towards the publication of this history instead of taxing ourselves, and especially, rather than to ask the committee to become responsible for its publication. I have my doubts whether you could get a committee to stand in that position, and there is no necessity for it. We have the funds, and there is no reason why we should not use them as a guaranty.

DR. HILL.—As Dr. Conn has said, I do not think that we should ask any committee to be responsible for this expenditure, and I do not know whether the members of the Society

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would care to assume such a position themselves. Yet it is very desirable to publish such a work. We can judge something of the expense when we find what the expense of other similar volumes or works have been. There are none just like it, perhaps, but we might get the approximate expense. It strikes me that such an expenditure of the Bartlett fund would not be far from the wishes of the donator. He gave that money to the Society to be used for scientific purposes, and that includes the publishing of something for the benefit of science and medical men.

A MEMBER.—I would like to ask, What finer monument could be erected to the Bartlett family than the publication of this work?

Dr. SMITH.—I cannot imagine of any contingency that is likely to arise where we could use that fund to better advantage than for the securing of the publication of this history. And this should be done now, for, if it is delayed, Dr. Watson might be engaged in other duties, and might not be able to attend to this as he can now. If he were engaged in other duties so he could not attend to it, I do not know how the work could be done. The Bartlett fund, it seems to me, was really designed for such a purpose as this, and if we cannot put our hands in our pockets all around, and guarantee the funds in that way, let us do it by means of this fund.

Dr. J. W. PARSONS.—This is a very worthy purpose for the use of this fund, and I certainly think that if the donator himself could be consulted, he would say, Use it by all means. I do not see why we should not use all of it which the bequest would allow us to use. It does not destroy the fund. I certainly hope that it will be used for this purpose. I cannot conceive of the slightest objection to its being so used.

THE SECRETARY.—I move that this matter be laid upon the table until the trustees' report is made. Carried.

Trustees' report is made and adopted, and the subject of the history taken from the table, and the resolution was passed without further discussion.

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NEW MEMBERS RECOMMENDED.

The Secretary presented the names for new members. The following, being already members of some district society of the state, were voted upon together, and accepted:

D. Edward Sullivan, M. D., Concord.
W. W. Wilcomb, M. D., Suncook.
Daniel Pickard, M. D., Franklin Falls.
Karl R. Tuttle, M. D., Suncook.
L. Willard Clough, M. D., Sutton.
Charles E. Swasey, M. D., Great Falls.
W. G. Cain, M. D., Marlborough.

The following were voted for by the Council separately, and, being properly vouched for, were accepted:

Jona. M. Cheney, M. D., Ashland.
George W. Rawson, M. D., Hillsborough Bridge.
Isaac Newton Fox, M. D., Rumney.
Dixi Crosby, M. D., Hanover.
James A. Leet, M. D., Enfield.
Zenas F. Lamb, M. D., Enfield.
G. B. Morey, M. D., Manchester.
Amos G. Straw, M. D., Manchester.
William H. A. Lyons, M. D., Manchester.
M. E. Kean, M. D., Manchester.
Jane E. Hoyt, M. D., Concord.
Minot A. Steel, M. D., Hampstead.

W. H. Patten, M. D., of Manchester, who became a member in 1880, and afterwards lost his membership by reason of a residence outside the state, petitioned the Council for reinstatement, as he had again taken a residence in the state. Petition granted.

Dr. J. H. Sanborn, of Franklin Falls, having arrived at the age of sixty, was put upon the retired list at his own request.

Dr. R. A. Crittenden, of Haverhill, Mass., was dropped from the roll of the members at his own request.

The following members were reported as being in arrears in the payment of their annual dues for three years:

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Dr. N. G. Brooks, Charlestown; Dr. F. L. Judkins, Lynn, Mass.; Dr. George A. Underhill, Nashua; Dr. J. W. Pray, East Northwood; Dr. C. A. Sanborn, Redlands, Cal.; Dr. A. H. Taft, Winchester; Dr. M. F. Smith, Hampton; Dr. Charles F. George, Goffstown.

Voted, That the names be referred to the Committee upon Publication, and that if the dues were not paid before the Transactions of the Society were published they should be dropped from the roll.

REPORT OF THE COMMITTEE ON MEDICAL PRACTICE.

Dr. Watson.—I hardly know whether it is worth while for the Council to hear a report of that matter or not. But I will make a very brief verbal one, if desired.

A bill has been formulated and presented to the Commission on the Revision of the Laws. The bill was substantially the same as had been previously recommended by a committee of this society to the legislative committee. The commission, however, inserted in their revision substantially a new bill, which provided for a state board of medical examiners, to consist of five members, not more than three of whom should belong to any one school of medicine. Exception was taken to that bill by certain men belonging to another school, and very strenuous efforts were made on their part, with assistance from other sources, as I have reason to believe, to defeat this bill. They had a bill drawn which provided that each chartered school of medicine should have a board of censors; that there should be three boards in the state instead of one.

The Homœopathic and the Eclectic societies agreed on this bill, but the committee from this society were unable to agree to it. Before any move was made for a compromise, the committee of the Homœopathic society had taken such an advanced position that they could not easily withdraw. A paper had been read before that society stating that if this first bill passed, it would mean death to them, inasmuch as they would have but two members upon that board, etc. A committee of the Homœopathic society sent out circulars broad-

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cast over the state, not only to their own school, but to members of this society and others, asking them to recommend the passing of the bill introduced by them. Many members of the regular school signed the petition, some misunderstanding the situation, others supposing that the proposed bill would be the better thing. The petition which came to the legislature had much influence, although the warfare was waged from an entirely different stand-point The petitions were against discrimination in the practice of medicine, a subject entirely foreign to the matter under consideration, because the bill which the commissioners drew made no discrimination whatever. It merely provided for a mixed board. The bill drawn by the opponents to the measure recommended by the commission was brought before the legislature. It was presented simultaneously in the house and senate, passed the senate, came into the house, and was referred to the Committee on the Judiciary, before whom hearings were had.

The bill was returned to the house, where an amendment was offered which provided, substantially, that any one could come into the state and practise medicine, but they could not use an M. D. with their names if they were not graduates of some school of medicine. That amendment was passed in the house, and then it went back to the senate for concurrence. That was in the very last days of the session. I am free to say that at this juncture I interviewed, successfully, a majority of the members of the senate in opposition to the bill, which, as it stood, could be of no utility to the people of the state. The bill was killed. The senate laid it on the table, and it is there now, never to be resurrected. So we stand now as we did a year ago.

Some of the members of our society were not quite satisfied with the bill that the commissioners drew, and, on the other hand, there were quite a number that were satisfied with the bill providing for three boards. But the general impression seemed to be, among the members of our own school and among some of the stronger men in the state outside of the profession, that if there was to be a law to regulate the practice of medicine in this state, it should be through one board. If the law had been enacted providing for three boards, as had been

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contemplated, it would be, in my opinion, no better than the law that we have had—practically useless.

The report of the committee was accepted, and the same committee was continued.

CENSORS' REPORT.

CONCORD, N. H., June 15, 1891.

Honorable Council New Hampshire Medical Society:

GENTLEMEN:—The Board of Censors of the New Hampshire Medical Society has the honor to report that the following named candidates have been granted licenses to practise medicine in this state; one of them, not a graduate, was examined and approved by the Board:

Date.	Name.	Residence.	Graduated from.	Year.
1890.				
June 17	Frederick Blenckstone.....	Jersey City, N. J.	Not a graduate.....	....
June 17	Joseph LeVore.....	Wentworth.....	Col. P. and S., N. Y.....	1875
June 18	Chas. P. Jackson.....	Seabrook.....	Univ. of Pennsylvania	1879
June 24	Alfred Joseph Lagacé.....	Nashua	Victoria Univ.....	1887
July 5	Edwd. Napoleon Fugére...	Manchester	La Valle Univ.....	1890
July 7	Wm. H. A. Lyons.....	Manchester.....	Harvard Univ.....	1890
July 10	Amos Gale Straw.....	Manchester.....	Harvard Univ.....	1890
July 15	Robt. Anderson Greene...	Nashua	Dartmouth.....	1888
Oct. 27	J. E. L. St. Hilaire.....	Concord	La Valle Univ.....	1890
Dec. 20	Edward E. Shapleigh.....	North Conway...	Bowdoin Col.....	1890
1891.				
Jan. 16	A. C. Heffinger.....	Portsmouth.....	Univ. of Maryland.....	1875
Feb. 18	Edwd. A. Holland.....	Manchester	Rush Med. Col.....	1884
Feb. 23	Joseph Griswold Graves, 2d	Nashua	Univ. N. Y.....	1887
Feb. 23	Irving Fredk. Graves.....	Nashua	Col. P. and S., N. Y.....	1889
Feb. 25	Alphonse Hubert Petit....	Great Falls.....	Col. P. and S., Baltimore..	1890
Mar. 7	Geo. E. Goodwin.....	Salem.....	Dartmouth	1890
Mar. 19	John Wilber.....	Manchester	Univ. N. Y.....	1874
Apr. 14	K. R. Tuttle.....	Suncook	Dartmouth.....	1887
Apr. 20	M. E. Keane.....	Manchester	Dartmouth.....	1888
May 6	Stewart C. Marsh.....	Dover	Bellevue, N. Y.....	1890
May 9	P. Germaine Laberge.....	Manchester	La Valle Univ.....	1891
June 5	Cornelius F. Starr.....	Manchester	Col. P. and S., N. Y.....	1888

Very respectfully, your obedient servant,
T. HILAND, *Secretary Board of Censors.*

The business of the Council having been finished, the Council adjourned.

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TREASURER'S REPORT.

To the Officers and Fellows of the New Hampshire Medical Society:

Your Treasurer submits the following report for the year ending June 15, 1891:

1890.			Dr.
June 16.	To cash on hand . . .	$976.81	
18.	To dues at annual meeting .	202.00	
18.	To fees from new members .	80.00	
18.	To fees for reinstatement of Drs. E. F. McQuesten and Geo. H. Towle	10.00	
18.	To license fees from T. Hiland	7.00	
18.	To license fees from D. S. Adams	11.00	
18.	To interest on $612.17 for 1886 and 1887 at 4 per cent., as per vote of Society . . .	24.48	
1891.			
June 15.	To dues since last meeting .	192.00	
15.	To interest from Oct., 1889, to Oct., 1890	43.05	
			$1,546.34

1890.			Cr.
June 17.	By cash paid G. P. Conn, postage, printing, etc. . .	$52.00	
17.	By cash paid G. P. Conn, salary	50.00	
17.	By cash paid D. S. Adams, expenses in the Bradbury bogus medical college case . .	32.22	
17.	By cash paid D. S. Adams, salary	25.00	
18.	By cash paid W. L. Foster, drafting bill	30.00	
18.	By cash paid John B. Clarke, receipts	2.00	
18.	By cash paid D. S. Adams, salary, 1886 and 1887, per vote	25.00	

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July 21.	By cash paid Geo. Cook, complimentary dinner tickets .	$5.25	
Dec. 22.	By cash paid F. E. Shurtleff, reporter	15.00	
1891.			
Jan. 22.	By cash paid Republican Press Association	173.85	
24.	By cash paid Burnham and Brown, legal advice . .	1.00	
	By cash paid, postage and paper	7.25	
	Cash to balance . . .	1,127.77	
			$1,546.34

The foregoing account has been examined, found correct and properly vouched.

LEVI G. HILL,
JOHN W. PARSONS,
WILLIAM T. SMITH,
Trustees.

CONCORD, N. H., June 15, 1891.

The report of the trustees of the Bartlett and Pray funds was presented by Dr. Hill, of Dover, and the same was accepted.

REPORT OF TRUSTEES.

To the President and Fellows of the New Hampshire Medical Society:

At the last annual meeting of this Society you elected trustees, and among the duties assigned them was the obtaining full possession of and investing the Bartlett and Pray funds in the name of, and for the interest of, this Society.

In the discharge of this part of their duties they have procured a bank-book from Portsmouth Savings Bank, the amount upon that book January 1, 1891, being $1,980.23. A dividend of 4 per cent. per annum is declared on the first days of January and July, and an extra dividend once in five years, the last extra being 1⅔ per cent.

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It was stipulated in the will of Dr. Bartlett that the two hundred dollars given by him should "be kept on interest ten years, the product of which, with the original sum ($200), to be a permanent fund, the income to be expended for the benefit of medical science, as may be directed by vote of said Society."

That "permanent fund" July, 1856, was three hundred and fifty-two dollars and eleven cents ($352.11); therefore the sum available and subject to society vote is the difference between the amount of permanent fund, $352.11, and the sum total of that fund January 1, 1891, viz., $1,980.23, or sixteen hundred and twenty-eight dollars and twelve cents ($1,628.12).

The bequest of Dr. Pray, of one thousand dollars, was received by your trustees July 5, 1890, and deposited in the Strafford Savings Bank at Dover, a bank-book being taken out in the name of the New Hampshire Medical Society. The interest there is three per cent. semi-annually, January and July, and an extra dividend every two years. This extra is 1 per cent., making more than 4 per cent. interest.

This bequest of Dr. Pray is a "permanent fund," the income only to be used, and that for a specific object, viz., as a prize for the "best original essay upon some medical topic." It is not stated, but the presumption is, that Dr. Pray intended that this prize should be offered to members of this Society, and not to the profession at large, and yet we think it is legally and properly within the province of this Society to determine all questions relating to times, sums, and parties for prizes.

In further discharge of duty, your trustees have examined the accounts of the treasurer, and find them correct, with eleven hundred and twenty-seven dollars and seventy-seven cents ($1,127.77) on hand at the opening of this session.

Respectfully submitted:

LEVI G. HILL,
JOHN W. PARSONS,
WILLIAM T. SMITH,
Trustees, 1891.

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COPY OF PAPER TO MRS. DR. PRAY.

DOVER, N. H., August, 1890.

Dear Mrs. Pray:

At the late annual meeting of the New Hampshire Medical Society the undersigned were instructed to "convey the thanks of said Society to the family of the late Dr. T. J. W. Pray, of Dover, for his munificent gift, which will enable the Society to aid the cause of medical education."

We herein cheerfully discharge the above mentioned duty, and join our personal thanks.

Yours, with high regards,

LEVI G. HILL,
JOHN W. PARSONS,
WILLIAM T. SMITH,
Trustees New Hampshire Medical Society.

PRAY FUND PRIZE.

In accordance with the terms of the bequest of Dr. Thomas J. W. Pray, the New Hampshire Medical Society, through the trustees, hereby offer to the members of said Society the sum of fifty dollars for "the best original essay upon some medical topic."

Essays must be in the hands of the trustees on or before April 1, 1892. Each essay must bear some motto, and be accompanied by an envelope marked by some motto, and containing the name of the writer, and "this envelope not to be opened unless the essay gains the prize." The successful writer will be announced at the annual meeting, and the prize will be awarded; and, if the trustees so direct, the paper shall be read before the Society, and printed in the annual report. The essays are to be legibly written, or printed with typewriter, and to be not less than 4,000 words, and not more than 10,000 words in length.

If no paper is presented which the trustees deem worthy of the prize, no award will be made.

LEVI G. HILL,
J. W. PARSONS,
WILLIAM T. SMITH,
Trustees.

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The report of the Council was read and accepted, and the candidates for new members that were recommended by the Council were elected, and, having signed the by-laws and the constitution, they were received into full fellowship, and invited to the excursion and the banquet.

Dr. Parsons, Prof. Lindsley, and Dr. Storrs, of Connecticut, were introduced, and the following represents in part their remarks:

Dr. E. F. Parsons, of Connecticut.—*Mr. President, Ladies and Gentlemen of the New Hampshire Medical Society:* I too am sorry that our society has not equipped us with resolutions expressive of the heart-felt sympathy which I know is felt for you in Connecticut on this delightful occasion. But they have sent us from their number to be present with you, and I am sure that our president, Dr. Lindsley, and our ex-president, Dr. Storrs, both here present, who have pushed us of the rank and file to the front upon this occasion, will join heartily with us in tendering to you these kindly sentiments of regard and fraternal feeling, and that you will be assured it is a delightful personal service which we render.

Next year we hope to celebrate the centennial anniversary of our formation, and we would like you all to come down and rejoice with us upon that occasion.

Our conception evidently occurred at about the same time, but Connecticut accoucheurs were so slow that you antedated us a little in the matter of delivery.

We are happy to be here to help you to celebrate this glorious event. Its realization is more than its anticipation, and its memorable character grows as we contemplate it. That nowadays, with the fickleness, with the opposition, with the difficulties which pervade the social atmosphere, a society should live a hundred years, and be more prosperous at the end of that period than at its commencement, is certainly a matter for congratulation.

We do not wonder that so many of you have congregated here with bright faces, nor that this occasion has drawn so many from sister societies, who in their respect for you, and for our common profession, would join hands with you and with each other during these festal days.

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We wish to congratulate you further on the fact that the pain and suffering experienced by the people of New Hampshire during the past hundred years have been so largely relieved by the physicians who were skilled in relieving pain.

We wish to congratulate you on the fact that the fear and anxiety pervading the sick-rooms of New Hampshire for the same period have been so largely brightened and relieved by physicians of this society, who, having gained the respect of their various communities by their devotion and triumphs, have been able to give strength and hope.

We wish to congratulate you on the fact that for a hundred years the danger from pestilence, which might have decimated your population, has been so successfully warded off by the members of this society of medical men, whose legitimate business is and has been, and I trust ever will be, to prevent disease as well as to cure it.

I visited your state-house yesterday, and among the many objects of interest there, the relief map of New Hampshire, hanging in the corridor, especially attracted my attention. As I looked its rough surface over, and saw the beautiful valleys, even as they were brought out on that map, running between the hills and mountains of this rugged state, I could not help thinking how for one hundred years past the doctors of this state have been riding night and day through those valleys, and climbing those hills in deepest devotion, in deepest earnestness, full of enthusiasm for the accomplishment of their glorious work.

I looked on the walls and saw the pictures of heroes, heroes in battle, heroes of the forum, and I asked myself, Where are the other heroes? Where are the doctors who were just as heroic as the others? for if it is glorious to kill men for principle, it is certainly glorious to save men that they may enjoy liberty and the practice of their principles. Where are the heroes whose brilliant deeds have been done perhaps at midnight, in some house where death has been robbed of a chosen victim? Surely they were heroes, and so are you who have spent a life in this same blessed work, and the intelligent, self-denying healers of the sick deserve a place with the other heroes of the day.

Gentlemen, we congratulate you on the public sentiment

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that prevails in New Hampshire, which demands a high standard of preparation of those who propose to practise medicine in this state, as evidenced in your medical practice act. We know something of the difficulties to be met with in the effort to pass a law regulating the practice of medicine, and you deserve praise for your success in this direction.

We wish to congratulate you on the elevating influence which the medical department of Dartmouth college seems to have upon the intelligent practice of medicine in this state. Indeed, there is much for our mutual congratulation in this connection.

We have arrived at glorious times in our professional progress. Many diseases are now under control which baffled the skill of our fathers and grandfathers. It is now said that typhoid fever exists only by the carelessness of some one.

Think of our being able to say, at the close of the nineteenth century, that typhoid fever need not exist! Can it be that the prevention of all disease will be proved to be possible? Surely we have attained great progress in this direction. The list of preventable diseases is increasing.

But, brethren, let us not linger on the Delectable Mountains of accomplishment, but push ahead along this same line, infusing into those who shall come after us the same enthusiastic spirit of patience and self-denying research and devotion; so that if we are not permitted to see the glorious result in our day, we may pass away confident that the prophetic picture is not overdrawn, concerning which it has been said that every tear shall be dry.

Prof. LINDSLEY, of New Haven, Conn., said,—

Mr. President, and Gentlemen of the New Hampshire Medical Society: I come to you to-day, bearing the cordial greetings of your twin sister of Connecticut. The two state societies are the offspring of a common mother—the medical profession of America. She gave birth to yours 100 years ago to-day. The Society of Connecticut is some months your junior. But when the life career of such children is to be measured by centuries, it is only reasonable to believe that the period of gestation is correspondingly long, and even if we were not delivered on the same day, there can be no doubt,

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that our honored mother was pregnant with us both at the same time, and that the two state societies, that of New Hampshire and that of Connecticut, are twin sisters. For a hundred years we have been battling together in the struggle of life, through the perils of infancy and the waywardness of childhood, under the fostering care always of our good mother, and led on and encouraged sometimes by our older sisters of New Jersey and Massachusetts. Meanwhile our much loved parent, still in the vigor and beauty of lusty youth, has been bringing forth new progeny all over the land, and adding to the family by the score; and they, in turn, are everywhere making her a grandmother, with their innumerable descendants, in the form of local societies, medical colleges, hospitals, asylums, and other institutions devoted to the great cause of humanity.

But we are here to-day, representatives of several of these fair daughters, to rejoice together and be glad that another, in the glory of health and beauty of blooming youth, has reached her centennial natal day.

New Hampshire is in many respects the pride of the family. Her rock-bound hills pointing to heaven, her broad-breasted lakes and rushing rivers, her pure air, and her clear and uncontaminated water, of whose exhilarating qualities my friend Watson has so often spoken to me,—all these influences have raised a race of men, of hardy physique and active intellect, unsurpassed in any other state in the Union.

New Hampshire has given to the church not only her own Bishop Chase, but also another Bishop Chase for the diocese of Ohio and afterwards of Illinois, a learned and profound theologian and a founder of colleges.

She has given to medicine and surgery the distinguished names of Peaslee, Crosby, Willard Parker, and our own Nathan Smith, for Connecticut claims him also. *Clara et venerabilia nomina.*

She has given to the law and to patriotic statesmanship the immortal and imperishable name of Daniel Webster.

She has given to the world one of the highest types of New England manhood, in one, eminent in literature, preëminent in journalism, a power in national politics, and an authority in statesmanship, whose old white coat and unpolished boots

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could not hide the brightness of his intellect or mar in the least degree the respect and esteem in which his memory is held by his countrymen. I mean Horace Greeley.

Surely such names will make illustrious their birthplaces, wherever they may be; and such men will aggrandize any state on which they may impress their influence. They are all sons of New Hampshire.

We, of Connecticut, look with high respect upon our brethren of New Hampshire. We recognize the fact that they have enjoyed the privileges of a higher development than the people of any other New England state—by several hundred feet!

When we come here, we say, on starting, that we are going *up* to New Hampshire. Even the people of Boston, who are not conscious that there is anything above them, and who do not believe that anything on earth is higher than the top of Bunker Hill monument,—even they are obliged also to come *up* when they come here!

New Hampshire has no state motto. She should have, and it should be "Excelsior."

"The Freestone State" of Connecticut extends her hearty congratulations to the "Granite State" of New Hampshire, and assures you that the rocks of either state are not more firmly fixed than is her esteem and respect for the profession in New Hampshire.

The "land of steady habits" sends her hearty greetings to "the Switzerland of America," and begs you to believe that she will never attempt to sell her wooden nutmegs here! One year from this, Mr. President, our own Society intends to celebrate its centennial natal day. I am authorized to extend an invitation to you to come and join us on that occasion, and make merry with us. We will give you a most cordial welcome.

Dr. Storrs, of Connecticut.—*Mr. President, and Fellows of the New Hampshire Medical Society:* After all this eloquence from Connecticut, you will excuse me if I detain you for a moment. I do not really feel that I have any right to be here. I am not really a delegate. Just before President Lindsley left, he sent me word that he was fearful that he was going to come alone, as he had heard nothing from the other delegates, and he wanted I should come with him. And when I remem-

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bered what your delegate to our society, Dr. McGrath, had said,—warmly urging the officers to come, and not only the officers but all the members of the society,—I knew that I should be treated as well as any of them. I find that I have been. Though we got here late last night, I have enjoyed every minute of the time and everything I have seen and heard, and I know from your programme that there is a great deal in store for the rest of the day.

It was my fortune to preside at our meeting when the resolutions to which President Lindsley has alluded were passed. They were resolutions extending our sincere congratulations to this Society on this its centennial anniversary. There has been some mistake: those resolutions have not been forwarded; and I am exceedingly mortified that they are not here to be read. But I can say, with the rest of our delegation, that we are here in full number, which in itself will be an assurance, I hope, of the interest that we take in this celebration. We hope that we may see all the members of this Society with us at New Haven when we celebrate our centennial next year.

MORNING SESSION.

WEDNESDAY, June 17, 1891.

The Society was called to order at 8:30 a. m., the President, Dr. How, in the chair.

The Secretary reported for the delegates to the several district societies, also for the delegates to Dartmouth Medical College, all of which was accepted and referred.

REPORT OF THE DELEGATES.

G. P. CONN, M. D.,
Secretary of the New Hampshire Medical Society.

SIR: The delegates appointed to attend the examination of candidates for the degree of M. D., at Dartmouth Medical College, report: The written examinations being open to our inspection showed a high quality of scholarship, combined with that most desired and most needed of all requirements, common sense and sound judgment. We are heartily glad to

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see that a *four* years course and *three* full courses of lectures are hereafter to be required of incoming students. * * *

We congratulate the Dartmouth Medical School on the advancement shown, and most heartily recommend it to future students of medicine.

GEORGE COOK, M. D.,
C. B. HAMMOND, M. D.,
Delegates from N. H. Med. Society.

To the President and Members of the Vermont State Medical Society:

Your delegates to attend the final examinations of Dartmouth Medical College respectfully report: That they visited Dartmouth Medical College on Monday and Tuesday, November 24 and 25, 1890, and with the delegates from the New Hampshire State Medical Society proceeded to the examination of the candidates for the degree of Doctor of Medicine. All the candidates, previous to our visit, had passed a written examination before the various professors, in the different branches of medicine. The examination papers and the marking thereon by the faculty were open to our inspection. There were 41 candidates in all, and of these 30 had attained the average required by the faculty. These 30 passed individually before the delegates, and were examined orally by each of us. No candidate was finally passed who did not receive a majority vote of the delegates. Of the 30 examined by us, one was rejected. Thus, out of a class of 41, 12, or 29 per cent., were rejected.

Your delegates were very cordially received by the medical faculty, and were accorded every opportunity to acquaint themselves with the qualifications of the students, and of the general character of the instruction given in the school, as evidenced thereby. And we are very happy to report that in our estimation the instruction given in this school is broad and thorough, and up to the requirements of the times.

W. D. HUNTINGTON, M. D.,
D. C. HAWLEY, M. D.,
Delegates.

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Delegates to other state medical societies reported, and their papers will be found among the papers of the Society.

The Treasurer's report was accepted and ordered printed.

The Necrologist, Dr. J. J. Berry, of Portsmouth, reported the deaths of

Dr. J. P. Bancroft, late of Concord.
Dr. L. J. Graves, late of Claremont.
Dr. W. B. Moody, late of Franconia.
Dr. J. H. Pitman, late of North Conway.
Dr. H. C. Cummings, late of Concord.
Dr. H. D. Hicks, late of Amherst.
Dr. A. G. Fenner, late of Dover.

Obituaries were reported, and ordered printed.

It was moved by Dr. Hill, of Dover, that the by-laws be so far amended that members shall not be retired on account of having arrived at sixty years of age. Carried.

It was moved by Dr. Adams, of Manchester, that all retired members desiring to be reinstated to active membership can do so at any regular meeting by signifying their wish to the Council and paying their annual dues. Carried.

The Society proceeded to elect officers, with the following result:

PRESIDENT.

MOSES W. RUSSELL, M. D., Concord.

VICE-PRESIDENT.

JAMES H. WHEELER, M. D., Dover.

TREASURER.

DANIEL S. ADAMS, M. D., Manchester.

SECRETARY.

GRANVILLE P. CONN, M. D., Concord.

EXECUTIVE COMMITTEE.

C. R. WALKER, M. D., Concord.
G. D. TOWNE, M. D., Manchester.
J. R. KIMBALL, M. D., Suncook.

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Dr. L. G. Hill, of Dover, presented the following resolutions:

Resolved, That the thanks of this Society are hereby extended to Dr. J. Wallace-Russell for her entertainment and reception to members of the Association; also to the officials of the Concord & Montreal Railroad for courtesy extended, and to the Committee of Arrangements for their untiring and unceasing labors to make our centennial meeting a success.

Unanimously adopted.

The Executive Committee reported as follows:

ANNIVERSARY CHAIRMAN.

DR. GEO. D. TOWNE, Manchester.

DELEGATES TO DARTMOUTH MEDICAL COLLEGE.

DR. C. B. HAMMOND, Nashua.
DR. ED. FRENCH, Concord.

COMMITTEE OF ARRANGEMENTS.

DR. F. A. STILLINGS, Concord.
DR. H. M. FRENCH, Concord.
DR. A. K. DAY, Concord.
DR. W. G. CARTER, Concord.
DR. D. E. SULLIVAN, Concord.

COUNCIL.

DR. JAMES H. WHEELER, Dover.
DR. EDWARD FRENCH, Concord.
DR. A. P. RICHARDSON, Walpole.
DR. ELLEN A. WALLACE, Manchester.
DR. EDWARD H. CURRIER, Manchester.
DR. GEORGE W. McGREGOR, Littleton.
DR. GEORGE C. BLAISDELL, Contoocook.
DR. D. P. GOODHUE, Springfield.
DR. H. DE W. CARVELLE, Manchester.
DR. JOHN W. PARSONS, Portsmouth.
DR. I. A. WATSON, Concord.
DR. W. T. SMITH, Hanover.

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DR. ROBERT BURNS, Plymouth.
DR. S. C. WHITTIER, Portsmouth.
DR. A. K. DAY, Concord.
DR. E. F. McQUESTEN, Nashua.
DR. I. J. PROUTY, Keene.
DR. A. N. SMITH, Dover.
DR. ELLA BLAYLOCK, Nashua.
DR. CHAS. A. TUFTS, Dover.

CENSORS.

DR. D. S. ADAMS, Manchester.
DR. THOMAS HILAND, Concord.
DR. J. W. PARSONS, Portsmouth.
DR. C. B. HAMMOND, Nashua.
DR. C. B. DRAKE, West Lebanon.
DR. GEO. D. TOWNE, Manchester.
DR. LEONARD JARVIS, Claremont.
DR. J. C. EASTMAN, Hampstead.
DR. I. J. PROUTY, Keene.
DR. M. C. LATHROP, Dover.

DELEGATES.

Maine.—DR. A. H. HARRIMAN, Laconia.
DR. D. E. SULLIVAN, Concord.
Vermont.—DR. HENRY C. HOLBROOK, Penacook.
DR. WM. A. MEGRATH, Loudon.
Massachusetts.—DR. GEO. C. BLAISDELL, Contoocook.
DR. L. M. FRENCH, Manchester.
Rhode Island.—DR. G. H. SANBORN, Henniker.
DR. HAVEN PALMER, Plymouth.
Connecticut.—DR. W. T. SMITH, Hanover.
W. S. LEONARD, Hinsdale.

*American Medical Association.**— *Voted*, That the Executive Committee and the Secretary fill our delegation from such members as shall volunteer to represent the Society.

* The next annual meeting of the American Medical Association will be on the first Tuesday in June, 1892, in the city of Detroit, Michigan. All members wishing to attend will please forward their names to the Secretary of this Society.—G. P. C.

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ORATORS.

DR. H. DE W. CARVELLE, Manchester.
DR. D. P. GOODHUE, Springfield.

SUBSTITUTES.

DR. A. K. DAY, Concord.
DR. E. F. McQUESTEN, Nashua.

ESSAY.

DR. S. W. ROBERTS, Wakefield.

REPORTS.

Therapeutics—DR. C. A. TUFTS, Dover.
Surgery—DR. I. J. PROUTY, Keene.
Medicine—DR. A. NOEL SMITH, Dover.
Obstetrics—DR. ELLA BLAYLOCK, Nashua.
Necrology—DR. J. J. BERRY, Portsmouth.

TRUSTEES.

DR. LEVI G. HILL, Dover.
DR. JOHN W. PARSONS, Portsmouth.
DR. WILLIAM T. SMITH, Hanover.

On motion of Dr. Smith, of Hanover, the Society adjourned until the third Monday in June, 1892.

GRANVILLE P. CONN,
Secretary.

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APPENDIX TO THE PROCEEDINGS.

POST-PRANDIAL EXERCISES

AT THE

NEW EAGLE HOTEL, JUNE 16, 1891.

Anniversary Chairman,

PROF. WILLIAM T. SMITH, HANOVER.

These exercises were opened by the Anniversary Chairman, Dr. WM. T. SMITH, who said,—

Ladies and Gentlemen, and Fellows of the New Hampshire Medical Society: It seems to be an acknowledged fact in human affairs that nothing good or worthy can be done without eating. We eat our way through life,—from the christening to the funeral baked meats. It would seem that the animal man, with which each one of us is so closely bound up, demands this concession to his appetites and desires, as the price of that contribution which he must make to every human endeavor and every human pleasure. Now, having satisfied, as I trust, this animal man, being at peace with our stomachs and with all the world, we are ready for the nobler exercises of the evening; and it is my privilege and pleasure to welcome, in the name of the Society, our honored guests and Fellows. Our guests have seen to-day one of our beautiful lakes; they have listened to something of the work of the Society; they have heard the records of its past. Perhaps, while suffering from the intense heat, they have concluded that our noble predecessors worked under great disadvantages, as to climate.

Now we ask them to rejoice with us on this occasion. And why do we rejoice on this centennial birthday of our Society?

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We come up here from year to year, we hear some papers read, we discuss topics of common interest, we enjoy friendly intercourse, and then we go back to our ordinary duties. Now, what is there in this? What is it that awakens enthusiasm, that leads us to feel the admiration, devotion, and respect that we cherish for this old Society, and to rejoice as we do on this her birthday? My answer to that question would be this: The Society is the embodiment of our ideals. When those men, of whom we have been hearing to-day, laid its foundations, they put into them whatever was best in themselves; their character, their learning, their achievements, their high purposes became a part of this Society, and their successors, during the generations which followed, have contributed of their best. As we come up here from year to year we bring to it whatever is best in us. We leave behind us the limitations, the defects, the weaknesses of which we are all conscious; and we bring our best and become a part of this Society, and it becomes a part of us. Its possessions, its treasures, the accumulations of its century just closed are ours, and we are elevated and inspired, and we go back to our homes stronger and better men. Therefore we love and reverence and honor this Society, and therefore we rejoice on her birthday.

It has been said that the history of any epoch or of any country is the history of its great men. I do not believe it. I believe that the true history of a country,—the history that deals with the underlying forces that mould and shape events,—is the history of the common people. And so I believe that the history of this Society is not altogether written in the record of the great men of whom we have heard to-day. It is not they alone to whom the Society belongs; they alone have not made it: it is the rank and file,—the open-minded, hard-working country doctors, who are scattered about among the hills and in the valleys of the Granite State,—men who, in their daily drudgery and toil, are putting to test the principles and theories of our art and science,—men who, by their discussions, and experiments, and careful studies, are accumulating stores of knowledge which are the material from which the leaders among us must draw for the work that they do;—they make up the Society. And therefore it is that we can come up here, and feel, every one of

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us, that this is our Society, that we are a part of it, and that it belongs to us. We can rejoice to-night. All of us here, or, rather, a large part of us, are descendants of Josiah Bartlett, more or less remote. [Applause.] I am glad that the gentleman on whom I shall first call to speak to us is one of these descendants. His name indicates his kinship, which some of us would find it difficult to prove. I call first upon our learned President, Dr. Lyman Bartlett How.

The President said,—

Mr. Toast-Master, Ladies and Gentlemen: I have already occupied so much of your time to-day that I know you will gladly excuse me if I only gratefully acknowledge your kind reception.

It has doubtless appeared strange that you should have chosen a native of Massachusetts to be President of your Society during these centennial exercises. But there may be more appropriateness in it than appears at first thought. New Hampshire men are usually modest, and New Hampshire doctors especially so, and one of them might hesitate to extol the virtues of his ancestors, at the same time that an outsider would have no reason for reserve. Yet there is enough New Hampshire blood in me to account for the affection I have for the Old Granite State, and to make me proud of her medical history.

My mother was New Hampshire born. Her father was a Dearborn, related to General Henry Dearborn, who was Washington's right-hand man in the War of the Revolution. My maternal grandmother was a Choate, related to the Choate family of which Rufus Choate was the distinguished ornament. So you see there is a little hereditary family tendency to both blood and eloquence, although, as our homœopathic neighbors would say, "in a highly attenuated form." I never could satisfy myself that the attenuation in *this* case increased the potency.

On my father's side I am related to the Hows, who were prominent in the early history of this Society. Dr. James How, of Rochester, who was surgeon in the Revolutionary War, was one of the earliest members.

Another reminiscence occurs to me: I was named for, and

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studied medicine sometime with, Dr. Lyman Bartlett, a distinguished surgeon in southern Massachusetts. On this account I have possibly a higher appreciation of the Bartlett family. Coming to New Hampshire, I married a blood relation of Nathan Smith. Therefore my children are related to the Smiths—which is saying a great deal.

Thus, although it at first thought appears strange that a physician born in another state should happen to be President on this occasion, it may not be an entire misfit. If I should say it was providential, I should be giving you too good a chance to utter a well known quotation as the school-boy recited it,—"There is a Divinity that shapes our ends, rough, hew them how we will."

Looking around the table, I see delegates from our sister societies of all the New England states. I know I voice the unanimous sentiment of our Society when I return most hearty thanks to you for the sacrifice you have made in coming up here in this extremely hot weather.

It has not been the good fortune of New Hampshire physicians to make many improvements in purely scientific medicine, although we may have held a very honorable position in operative surgery. But no matter on which side of state lines improvements have been made and discoveries made known, we feel that these are the common heritage of us all; and in the future, inspired with these memories of the past, may the members of these medical fraternities march shoulder to shoulder, ever striving for the advancement of our noble art.

To-day we have been revived by inhaling the exhilarating air of New Hampshire on Lake Winnepesaukee. It was to this air doubtless, and to the clear, sparkling waters issuing from these everlasting hills, that the remarkable vigor of the founders of our Society was in great part due. I propose that we all rise and drink, in their favorite beverage, to the immortal memories of these all-worthy men.

The CHAIRMAN.—We medical men of New Hampshire are very loyal to our state, and we have good reason to be so. We do not always succeed in inducing the state to do just what we want it to do, but experience is begetting in us a confidence

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that in the long run the state of New Hampshire will prove itself a faithful guardian of the best medical interests of the people,—in other words, that the New Hampshire Medical Society in the future will get what it wants of the state. We are very glad to-night that we have with us the governor of our commonwealth,—His Excellency Hiram A. Tuttle.

Governor TUTTLE said,—

Mr. Chairman and Fellows of the New Hampshire Medical Society, Ladies and Gentlemen: This is a very peculiar experience to me, to be called upon to speak before a large assembly of physicians. So I must assure you, to begin with, that I shall not help you out in medical knowledge or professional duties.

On the other hand, to call upon physicians for assistance when disease or accident seemed to require it, has been a familiar duty. I am happy to say that my dealings with doctors have been very satisfactory. I have had good reasons for trusting and respecting competently educated and conscientious members of the profession, and at times for feeling deeply grateful towards them for the safety and relief which they have afforded to me and mine.

Physicians are sometimes bitterly assailed, and their practice is denounced as fraudulent, by persons in health—say just after enjoying a good dinner, when nerve action is calm and pleasurable. But let pain, nausea, cramp, and consequent fright suddenly seize such persons in a dark night, and they will eagerly submit to whatever measures are proposed by an ordinary physician. Why, how could we get along without doctors? I have often thought of the misery, agony, and horrors that must necessarily exist among savage nations for want of intelligent medical aid. The services of physicians should be regarded as things of the first importance and of inestimable value.

You celebrate to-day the one hundredth anniversary of your Society—a notable event. One hundred years is a long period in our history. It covers nearly one fourth of the time since America became known to the civilized world. Few societies in New Hampshire, except the churches, have existed so long. I have been told that yours ranks fifth in age among the state

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medical societies of this country. It must be a source of pleasure and pride to you, that, commencing with nineteen members and surviving the vicissitudes of a century, it has grown strong, achieved much good, and increased till its membership is reckoned by hundreds.

It seems especially fitting that the relations of this Society to the state should be recognized on this occasion, when we learn that the most active promoter of its establishment was that remarkable man Josiah Bartlett. He was also chief executive of the state at the time, and granted its charter. He distinguished himself as a physician, and was honored with important offices by the colonial government as a member of congress during the transition period. He signed the Declaration of Independence. He became a justice and then chief-justice of each of the courts successively, and president of the state under the first constitution, and governor under the second. Having enjoyed all these honors, he still expressed great satisfaction on being elected your first president.

David L. Morril and Noah Martin each served your Society as president, and the state as governor. A glance at the roll of your members will show the names of many who have served the state, some in each house of congress, others in various important state offices, and many by perilous and meritorious military duty.

When you are under the care of a physician, either obey him or discharge him. When I accepted the invitation of your chairman to be present here to-night, I placed myself under his charge. His note to me *enjoined* brevity if I addressed you. Obeying his prescription, I will close by congratulating you, gentlemen, on the longevity and strength of your Society, on the success of its centennial celebration, and on the encouraging prospects with which it enters on its second century.

The CHAIRMAN.—To us members from the country, one of the chief satisfactions of the annual meeting is to come down to Concord: it is a city of great attractions. We like to go out through the asylum, and look over the grounds and the buildings. We like to go to the jail, and see the inducements there. We like to stay at the Eagle hotel. We have the mayor of the city with us, and we shall be glad to hear from one

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towards whom we feel such lively gratitude as the representative of the city which has entertained us so often.

Mayor CLAPP said,—

Mr. President, Ladies and Gentlemen: As the representative of the people of the city of Concord, I extend to your honorable body and your invited guests hearty congratulations upon this notable occasion, the celebration of the one hundredth birthday of the New Hampshire Medical Society. We welcome you here while nature appears at its best. That your Society honors our city with its annual meetings, we feel proud. Our city, as you view it to-day, can but bring to the minds of many of you the progress being made year by year. You who have witnessed its advancement will surely rejoice with us, and countenance the pride we take in it. Nature each year puts forth new efforts, and paints here and there master strokes. Neither have man's hands been idle. The few land-marks remaining, in the shape of several old-fashioned buildings, are relics which emphasize the wonderful transformation that has come over our city since the first meeting of this Society.

To-day we have, as a result of these years of labor, a city of fine streets arbored by elms and maples on either side. The homes of our citizens,—many of massive elegance, others of picturesque simplicity,—all have the appearance of thrift. Our city claims this peculiarity over many others, that a large proportion of its houses are owned by their occupants, and claim, in the truest sense of the word, to be "homes." Our churches, schools, and indeed all our public buildings, are monuments of the finest architecture, and their grounds a delight to every eye. All our institutions are of the highest class. We especially call the attention of the strangers with you to the insane asylum and the Margaret Pillsbury general hospital, two institutions in which you, as physicians, are especially interested.

Our various business industries are flourishing, and, though not a manufacturing centre, we furnish the solid blocks of granite that form structures for public and private uses, in very many cities throughout the United States. The citizens of our fair city we credit with this same solidity of character, which pervades their every effort through life. With all, we rejoice in a

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feeling of security arising from the confidence we repose in our resident physicians, and to them, in a great measure, are we indebted for the health of this community. There may be their superiors in the state, but we should not be true to our convictions if we so expressed it. While we look for increased wisdom from our respected physicians resulting from this interchange of experience, we feel sure they will impart as well as receive. The profession you have chosen, that of relieving the sufferings of mankind, is a noble one, and this Society has won high honors.

The higher your researches bring you, the louder will go up the shouts of rejoicing from the afflicted ones, and we shall all feel that the safeguards about our lives are greatly strengthened. We again congratulate you upon what you have attained, and upon the favorable circumstances that surround the celebration of this great event in the history of your Society; and it is the earnest hope of our citizens that you will all carry away with you pleasant recollections of your sojourn at the capital city.

The CHAIRMAN.—The profession with which we have the closest relation is the clergy. The laity like us the best, for the average man is very much more grateful when you do something for his body than when you make an effort for his soul. But there are times when we are glad to step aside and have our places filled by those whose ministrations are nobler than ours and have a further reach. I will call upon Rt. Rev. Bishop Niles to say something to us. [Applause.]

W. W. NILES, D. D., said,—

Mr. Chairman, Ladies and Gentlemen: I feel a little embarrassed in endeavoring to say anything before such a body as this. I am used to talking in the cars, and many other places, as well as in the pulpit, but I never spoke to a gathering of medical men before. I am thinking of that maxim which I once had occasion to apply to a workman in a shoe-factory who wished to exercise a little more control in the vestry than seemed fit,—"Let the shoemaker stick to his last." Perhaps I had better do that myself. I got into a bad fix a few years ago by engaging a long time beforehand to make an address—a bad thing to do, because when you have to fulfil

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your engagements, it is a very different thing from consenting six or eight months before. I was invited to deliver an address before the State Agricultural Society at its annual meeting, which was to be held in January at the opera-house in Concord. Mr. Adams, the secretary, advertised me on big placards in Manchester, Tilton, Franklin, and all about. I had chosen the subject myself,—a subject which I thought would be most useful. I did not consider at that time the difficulties of working it out. The subject was, "How to make money at farming in New Hampshire." December began to go, and January was not far away, and I began to wonder what I should say,—because I can honestly affirm, and I believe I can assert the same of all clergymen I ever knew, that I never preached a word that I did not believe. I thought to myself, Here am I, a man who never made money at anything in my life, a man like the lawyer in Baldwin's Flush Times of Alabama and Mississippi, of whom it was written that "the further he went the less he got on," undertaking to tell honest people how to make money by farming.

When we were boys we had the problem: If the hare is going at a certain rate, and the tortoise at a certain rate and has ten paces the start, how long before the hare will overtake the tortoise? My case in finances seemed to be, How long will it take the tortoise to overtake the hare? And I thought to myself, Here am I, who never made any money any way, and here is farming, at which few in this generation have made much money, and I am engaged to tell these people how to make money at it among the rocks of New Hampshire. I was in a sorry plight. But disease *and the doctor* came to my rescue. I had it planned out to bring in my farmer friend, Mr. Connor, of Hopkinton. Then I would tell the people that he had made piles of money, and call upon him to explain *how he did it*. But just then I fell sick, and Dr. Stillings came in and told me that I had a good case of diphtheria upon me, and that I would never be out in time to tell the people how to make money at farming. My face beamed with delight, just as once in my younger days: I had rashly undertaken to edit a newspaper; and after working at it about eleven months, the dear doctor told me one day that I had typhoid fever.

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Then I gave a great sigh of relief: I would not have any more of that work to do.

It is bad to undertake things you know nothing about; therefore I won't venture to talk of medical matters to medical men.

Just about one year ago this very night, I think it was, and just such a sweltering night as this, after tea we were gathered about the steps trying to catch a breeze if possible, and we saw a very respectable looking gray toad, with his back towards the bay window, meditating upon the mutabilities of life. An insect was going slowly towards him. It was a horn bug; it looks something like a June bug. I did not understand the difference one night twenty years ago. I tried to put him out of the window. Instead of going out of the window he went into my hand. Ever since I have known the difference. He has a straight back, not that plebeian bend of the June bug, and he is a little more stately. He is as straight from the top of his head to the roots of his tail as a short-horn of the Duchess family. This particular horn-bug approached within about a foot of the toad, and the toad, thinking he would have a good supper, reached out to swallow him. When about one third swallowed, the horn bug objected, and the poor toad was in great distress; his eyes rolled, and there was an expression of mingled amazement and consternation upon the poor fellow's face. Then the toad tried to part company with the other creature, and for that moment the other agreed with him. At last they succeeded in separating. The horn bug lay on his back, one horn broken, and every way much demoralized, while the toad was going for a crevice back of the stone steps at a rapid rate, and gobbling out his throat as if he had two diphtherias. This also taught me that it is not safe to grapple what one does not understand.

Medical men do not annoy me in pretending to understand theology when they know nothing about it, but my newspaper friends do. I have been tempted to write to some of the newspapers, entreating them to let theology alone, mind their own affairs, and leave us to choose our own bishops.

I am a great believer in medical men, but I do n't know how much of a believer I am in medicine; it makes a difference who administers the medicine. A very venerable archdeacon

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in England, living to about eighty-eight years of age, a vigorous man, a noble old man too, was asked the other day how it was that he could preach two or three times a Sunday, and walk six or eight miles a day, and he replied that he had three rules: The first was, Always to keep a good conscience; the second, Always to keep out of debt; and the third, To let alone the doctors' stuff. Now I think he was right, if you give the doctors' stuff as did the woman up at Burlington, Vermont, to her husband who had eaten too much roast duck. She poured all the remains in the old patent medicine bottles down the poor man's throat. The wretch nearly died. At the tea-table I suggested to my family that I had a conundrum out of this incident: If a boy eats too much roast duck at Thanksgiving dinner, what does his mother give him? The good wife suggested, "Some quack medicine." Then she asked, "If his mother is a homœopathist, and does not believe in quack medicine, what does she give him?" The little girl suggested, "A slight ducking."

If you give medicine in the way that woman up in Burlington did, I should say with my English friend, better let alone the doctors' stuff. But if I had my doctor to give it, or any one of the good physicians in Concord, it would be another thing. Perhaps the more you take the better. I have found out this: It makes all the difference in the world who gives the medicine!

I remember we had in Canada two professional men who filled my imagination when I was a boy: one was the doctor, and the other the parson, of our country town. It is a question in my mind which I should have voted was the bigger man. Both the parson and the doctor had a very fine sense of professional honor and duty. The parson used to visit the school, and on such occasions, if we boys had a chance to get away we always did, because he would question us pretty severely in the church catechism and the multiplication table, and we did not fare very well at his hands. The parson grew, as he told me, 101 bushels and a peck of shelled corn to the acre, and 103 bushels of clean oats, 35 pounds to the bushel, on another acre. He could not preach much of a sermon, but he would tell us enough that was good. The doctor, on the other

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hand, was the handsomest man of the town—I do n't know, as I look around me, but it runs in the blood of doctors to be handsome. And Dr. Gilbert was the best cricket player in the province of Quebec. The doctor also took up the offerings in church, but the parson did the preaching. I think the thing that determined me in the doctor's favor was, that he kept the best horse in the county, a horse that was twice driven from the city of Montreal to our village, just one hundred miles, in the daylight of a day.

The doctor, I say, had the highest sense of professional duty. I do not believe that he collected pay for one half the work he did. One time Dr. Gilbert was driving across Massawippi lake to see a poor Frenchman;—the ice broke, and the doctor and his horse were plunged in the cold water. There was a sharp north-west wind. He got his horse out, and left his sleigh. He drew off one of his boots to empty it of water, and the woollen sock came with it, and left nothing but a silk stocking on his foot. He could not get the boot on again any way in the world, and he walked two miles, facing the cold north-west wind, pounding the horse with the frozen boot, was laid up nearly two months in the house, and never got a cent to pay for it. That is the life of doctors as I have seen it, in the country especially, and I do not think there is a nobler profession on the face of the earth.

It is an impious thing for a person to make the remark that something is for the "inner man" when he means the *outer* man. The doctor has to do with the outer man, and, therefore, I think that in this view his duty is not perhaps as high as the duty of the clergyman who has to do with the inner man, the spirit, the motives of conduct. But I do think that in the way in which medical men pursue their profession, throwing themselves into their work, they reach a nobility of character inferior to none. The great preacher, Canon Liddon, once paid an extended, glowing, and most just tribute to the medical profession,—to their unselfishness, forgetting themselves as they do in their work, whether they are paid for it or not, as well as to their skill and research. I read it to dear old Dr. Tenney, of Pittsfield, when he was on his deathbed, and it seemed to be a great gratification to him.

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Doctors frequently do not receive pay for their labor, even from those not poor. Parsons sometimes are not paid, but they are in my diocese of New Hampshire, and I intend to see that they shall be. I wish I could take the people in hand and make them pay the doctors' bills.

Possibly my remarks are not very edifying; but then I did not set out to be edifying on this fiery night, and outside of my "line of things."

I do steadfastly and always believe that upon earth there is not a profession more nobly followed than that of medical men.

The CHAIRMAN.—Josiah Bartlett, the first president of this Society, was the first senator from this state. We have the honor to-night of having his official descendant with us. I call upon Hon. William E. Chandler.

Hon. WILLIAM E. CHANDLER said,—

Ladies and Gentlemen: It was kind and courteous in the officers of your Society to invite me to this anniversary gathering, and it was more courteous in them to insist that I should be present after I had declined. It would have been even more gratifying if the chairman had favorably responded to my request that, considering the heat of the evening, he would not call upon me to speak. But he has not done so, and I now address for the first time in my life an audience of physicians. One physician I can face without trembling, but a whole audience of doctors is new to me, and I do not know what to say to them, especially after the warning which has been given by the bishop, that one must not undertake to grapple with any subject he does not understand. I may take courage, however, by his example, because after disclaiming his ability to speak to physicians, he discussed matters pertaining to medicine, much to the edification of all, and he certainly paid a most eloquent and noble tribute to the profession of which you are members. [Applause.]

I ought, Mr. Chairman, to be allowed to say no more than what has been said by our worthy governor, and especially by our excellent mayor, that is, We welcome you to Concord. We all do feel proud of our beautiful city. I have had occasion to

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say, since the new edifices in the rear of the state-house have been erected—the government building, the new church, and the new school-house—that there is no more attractive view of buildings to be seen in the world than is to be obtained from any suitable spot on State street, where the eye can take in the structures which I have mentioned and the private houses adjacent thereto. We are proud of our city; we are proud that it is centrally located; we are proud of our hotel; we are proud of all the public institutions of the city; and we welcome you, Gentlemen of the Medical Society, this year, as we shall always welcome you and your exercises in Concord on such an occasion as this upon which you have met to-day.

Mr. Chairman, I have not been delinquent in any duty to the medical profession, or to the work which is the appropriate service of the medical profession; and I will not be so modest as to refrain this evening from speaking of two things which I have helped accomplish. Shortly before the adjournment of the last congress, I insisted that the surgeon-general of the Marine Hospital Service connected with the treasury department should be provided with ample means for use in case of any epidemic threatening the country during the coming summer. At my solicitation and demand the appropriation to be placed at the command of the secretary of the treasury was largely increased; and there are now, if this present heat is to continue during the coming summer and to bring with it contagious or pestilential disease in any form, at the service of the secretary of the treasury ample funds to enable the officers of the government of the United States to do all that can be done to prevent the spread of such diseases.

I had the honor to be a member of the legislature of 1881, and the proposition was brought before that legislature that New Hampshire should have a state board of health. I felt, as the doctors whom I see before me at the other end of this table, as all the Concord doctors well know, as Dr. Watson well knows, that the time to get a board of health in the state of New Hampshire was to get it then. It is with difficulty that a legislature of New Hampshire is induced to give sufficient attention to the subject of the health of the people. They ought to be more willing to give it attention than any other. But they then

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seemed reluctant, and it required effort and persuasion to establish that board of health; and to that work I gave my best exertions. One of the most important things that ever has been accomplished for the public good in New Hampshire was the establishment of that board, the organization of which has been zealously taken up by those physicians who have given it so much of their time and so much of their service; and it has already wrought immense good in behalf of the health of the people of this state.

Mr. Chairman, and Gentlemen, I have had occasion once before to speak concerning the medical profession, but it was, incidentally, to an audience of lawyers. I then, in these words, paid "the tribute of my homage, respect, and admiration to those beloved physicians who give their powers to the wearisome and perilous labor of healing the sick, which absorbs their days and nights alike, and exposes them to contagion and pestilence, while it exhibits to them humanity only in disease and death." On that occasion I alluded to the order in which the so called three learned professions are held in public estimation. That order is first, the ministers, because they attend to the cure of souls; second, the doctors, because they attempt the cure of bodies; and lastly, my own profession, which, although, as I believe, a high and important profession, yet exercises functions pertaining only to questions of money and property. That order I suppose is not to be disputed, and we here to-night, lawyers and doctors, give precedence to the profession to which our learned and reverend friend [Bishop Niles] belongs. As the soul of man is of more importance than property or bodily health, so are the labors of the ministers of the Gospel to be ranked higher than those of either of the other professions; and the profession of law stands last, because it does not deal ordinarily with questions of life, nor is it the function of the legal profession to show men the way of salvation. There is one direction, however, Mr. Chairman, and gentlemen, where I conceive there is a greater responsibility upon the medical profession than there is upon either of the others, and that concerns the elaborate preparation which those intending to practise that profession ought to make for the duties which are to be assigned to them. [Applause.] Minis-

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ters all have good intentions, whether they are well educated or not. They all preach the Gospel and urge men to seek the road to heaven. But if the ministers are not well grounded in theology, they do very little harm. Possibly the way to heaven may be found without learned ministers. I would not undertake to say that the man who feels the spirit within him should not preach the gospel because he has not spent long years in preparation. A badly educated minister, I take the liberty of saying, cannot do much harm after all, provided his heart is right and he loves his work. And a poorly fitted lawyer, who undertakes the practice of his profession, does not do much mischief, because if he loses his client's case there is only the loss of money, and his patrons will soon find him out. But a doctor, who, without long years of careful preparation, enters upon the practice of his profession, is guilty of a crime against humanity. [Applause.] So it is, gentlemen, as I conceive, that your profession stands preëminent as respects the necessities of preparation; and that it is the duty of the medical students to take a longer time, to pursue more study, to be more sure of their education, than those who seek to become lawyers, than even those who seek to become ministers of the gospel. It is therefore a very high tribute to the medical profession in this state (and to the medical profession throughout the world, so far as I have observed it) that I am able to pay by saying that I believe the principle concerning medical education which I have stated is recognized by the medical profession generally; and that the doctors of New Hampshire, of America, of England, of Europe, so far as I have observed them, are conscientiously devoting themselves to elevating the standards of medical study, and to so organizing the education of physicans that when the young doctors take the field of service they are as well prepared for the work which they are to do as the men of any profession—on the whole, better prepared for the work they are to do than the men of any other profession. It is my duty and pleasure, therefore, on this public occasion, to thank the doctors of New Hampshire for the standard to which they have raised the profession in New Hampshire. I thank them for the good service which they are doing throughout this state, through the board of health, through medical organiza-

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tions, and through individual effort to make New Hampshire what it ought to be, and what it is in my opinion, the healthiest state in the Union. Gentlemen, I thank you for listening to me so patiently.

The CHAIRMAN.—We medical men are a little bit shy of the lawyers some times. When we get opposite them in court we feel as the horn-bug did when he met the toad. But here to-night we are quite safe; therefore I take pleasure in calling upon another gentleman who represents the legal fraternity, Hon. Daniel Barnard, attorney-general of our state.

Attorney-Gen. BARNARD said,—

Mr. Chairman, Gentlemen of the Medical Society (and ladies as well—for I believe it now takes in both sexes): I came here to-night as the rest of you did, to enjoy a good dinner. Doctors believe in taking care of the body, and therefore they are believers in good dinners. I did not engage to do more than partake of the dinner, but I congratulate this Society on its large number of good-looking men; I did not know that it was so large, or that this little state, which I thought a very healthy one, contributed to the support of such a corps of physicians. And then I am again astonished that, while there is employment for so large a number, you can be spared to come here for three days in succession, and your patients get along without you. But I suppose that this is one of those things that each one adjusts in his community, by leaving a little more medicine the last time he attended his patient than he usually did, as the ice man leaves more ice on Saturday to last over Sunday. I hope, for the sake of your patients, you will find them in good health when you get home.

In looking over the history of this Society we are reminded of the advances that have been made during the hundred years of its existence. How have the people of the state prospered? How do they compare with what they were a hundred years ago? They are far richer than they were a hundred years ago; they live in better houses, they wear better clothes, they are better provided with all the necessaries and luxuries of life than they were then, and there is far less disease. Within my recollection, typhoid fever and other epidemics have swept over the

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country, taking their victims by scores and hundreds. It seems as if within the last fifteen or twenty years the state has been cleansed. Where typhoid fever raged as an epidemic forty years ago, it is now rarely known. Diseases attendant upon childhood and affecting the weaker portions of the community would then go through a village and bring sickness to nearly every house. But now it is very much changed. People are living better, they are enjoying better health, life has been extended, I have no doubt, in this state as well as in other portions of the country during this period, by at least ten per cent. And this is owing, very largely, to the efforts of the medical profession, who have educated the community, interested the people in sanitary questions, and convinced them that disease comes from causes, and that those causes can, to a great extent, be removed. In that respect this Medical Society, and you as members of it in the different towns and parishes of this state, have done a remarkable work.

I am also very glad that, while older members of the Society have given it a character, stability, name, and a reputation that is not limited by any means to New Hampshire, there is in the Society a class of young men coming up who are doing themselves great honor, and doing the state great honor and great service, in preparing themselves for the business of their profession. I doubt whether in any other state you can find a society that furnishes the same number of young men whose essays and discussions on questions pertaining to their profession will excel in ability those of the young men of this Society. I have not had the pleasure of listening to them during this session, but my judgment is from the reports in the newspapers, which give us information every morning concerning everything that ought to be known, as well as some things which might be omitted. In the early part of the thirteenth century, Frederick II published an edict in regard to practising medicine in the kingdom of Naples;—in the first place, he required physicians to be examined as to their competency; then they were sworn to live pure lives, attend to the poor without compensation, to observe the laws of the land, and not divide the profits with the apothecary. I am inclined to think that this Society would very well come up to these qualifications, and an

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observance of these precepts makes pretty good men and good citizens.

I believe that ladies are already members of this Society. Your founders, seventy-five years ago, would have shaken their heads, with doubt, at such an innovation. I attribute this progressiveness to the younger portion of the Society, who have broken the bolts and bars of professional exclusiveness; and I presume hereafter you will have your table filled with men and women, thus marking the progress of our civilization. As I said, I did not expect to make a speech, and as I was informed that in any event I must not exceed three minutes, I think I have exhausted my time. So, thanking you for your courtesy, I will give place to others.

The CHAIRMAN.—The attorney-general made reference to one of the most notable evidences of progress during this last century, but I must beg leave to differ with him on one point. He thinks the founders of this Society would have shaken their heads, perhaps with displeasure, if they were here to witness this innovation. I do not believe they would. I have confidence, as a descendant of Josiah Bartlett, that he would have been pleased—Would he not, Dr. How?—that the Medical Society of the state of New Hampshire was the first society to admit ladies to its membership. Besides our own members we have some guests among the ladies present, and I have the honor to call upon Dr. Mary A. Smith, of Boston. [Applause.]

Dr. MARY ALMIRA SMITH said,—

Mr. Chairman, Fellows of the Society, Ladies and Gentlemen: I am not a public speaker, but it is my pleasure, on this occasion, to respond to the toast, "Women in medicine."

It is a matter of congratulation and encouragement that such a body of educated physicians should have deemed this toast worthy of a place in the centennial exercises of their Society. New Hampshire is, I believe, the banner state in this respect; but this might have been expected from the past record of your Society, which has ever extended to women physicians a generous appreciation of their merits, and a cordial welcome into its ranks. Women physicians have come to stay. The law of supply and demand holds good here as elsewhere. All we ask

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is an open field and fair play. You demand of us the best work. Good! but in return we ask you to open to us the best avenues of learning and clinical instruction; then let each stand or fall according to her own merit.

I am an American, a descendent of the Puritans, and perhaps an extreme patriot, and yet, in order to secure a satisfactory medical education, I was obliged to exile myself from home and friends, and for a period of five years, in a foreign land, in a strange tongue, seek the opportunities which were denied me here. All honor to the little Republic of Switzerland, which has given women so freely of her best!

However, the world moves and progress is being made. Already the light begins to dawn for us in the promised opening (with equal advantages to women) of the Johns Hopkins Medical School; and we trust that other universities will soon follow in its wake, until throughout the length and breadth of this land it cannot be said that any medical school refuses to women the opportunities which it gives the other sex.

And now, gentlemen, it only remains for me to thank you, in the name of the women physicians, for the honor you have conferred upon us to-night.

That the ladies always sympathize with the profession is clearly shown by the following from the pen of Mrs. L. W. Peabody, of Henniker:

Was woman once supposed to be
  Man's equal? No, not quite;
There 's been a change, we plainly see,
  For now she claims a right
To share his honors and degree,—
With him the title of M. D.

The world does move, advance is made
In every calling, every trade.
  So, with prophetic eye,
The coming future we forecast,
  And read the by and by.

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From our stand-point, as doctors' wives,
Full well we know physicans' lives,
  And trials that befall;
Their joy, when skies are bright and fair;
Sorrow, when clouds are in the air:
  God bless them one and all.

We 've watched with them by couch of pain
Abroad, at home, time and again;
  Often with bated breath,
When little Johnny could n't stay,
And darling Mary went away,
  Snatched by the reaper, Death.

With them we 've borne reproach and sneers,
In secret, shed most bitter tears
  When they had done their best,
Lest on profession, or their name,
Might fall the shadow of a blame.

If summoned out by night or day,
Without a murmur or delay—
  Poor fellows!—how they drive
  In drenching rain or blinding snow,
Through valley, and o'er hill,
With potion, powder, pill!

Returning home, minus their fee,
  As, sometimes, they 've been known to do;
  Cold, tired, and hungry too,
With other patients yet to see,
Engagements made with A, B, C,—
  But never mind, for of such time,
  We do not now propose to rhyme.

A better class of men than they,
If found at all—where, tell us, pray?
  Faithful, untiring, brave,
Facing contagions of all kind,
And all diseases that they find,
  Humanity to save.

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Again we say, Heaven bless them all,
And when they answer their last call,
May 't be to yonder, further shore,
Where death and sickness come no more;
Where, with earth's pure, and good, and blest,
They shall forever be at rest.

The CHAIRMAN.—We have with us, as one of our honored guests, a representative of that organization through which we come in contact with the profession abroad, the American Medical Association. I will ask Dr. H. O. Marcy, President of the American Medical Association, to speak to us. (Applause.)

Dr. HENRY O. MARCY, of Boston, President of the American Medical Association, said,—

Mr. Chairman, Fellows of the New Hampshire Medical Society, Ladies and Gentlemen: I do indeed consider myself fortunate that I may speak for the American Medical Association of our great united country, an Association that unfortunately cannot boast of a centennial, and is not quite half as old as the Society whose hundredth anniversary we celebrate here to-night. Some have thought that she holds the position of step-mother to these eastern, elder, maiden sisters, and some of these eastern, prudish daughters have rather doubted if this step-mother should come into the relationship which she holds to you, to Massachusetts, to New England, to the states of the eastern coast. However that may be, the American Medical Association has certainly been a fruitful mother in the years of her existence, and now she gathers into her family every state in the Union, and stands as the representative of nearly one hundred thousand physicians in America. This great army of our great profession has been brought into accord through this central organization. I was thinking to-night, as I sat here, how much a single state may do, how much a single state does do in the nation at large, in the purposes, in the elevation of a great profession. The men from the hills of New Hampshire are to be found in every state of the Union. Their influence extends as far as the great Pacific ocean; and hand in hand, where cultivation, and science, and development have gone,

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through the until recently western wilds, you find the medical men, as you have heard to-night from these representatives of other professions, leading in the front, each helping to develop in a hundred ways the community in which he lives, and standing forth as the representative man of his town, of his city, of his community. Of such a profession we may well be proud. And when we think of the progress of the last twenty-five years, and most of us may celebrate in our own persons that period of time, we find surgery then practised as an *art*, but now by all acknowledged as a *science*, thanks to the labors of a Pasteur, of a Tyndall, of a Wyman, of a Sternberg, and others of our own country; but chief of all a Lister, who laid deep, in truth, that glorious gift to humanity, *aseptic surgery*, so ably developed in this country that it is accredited in Europe to the American surgeon that he leads in his profession, and stands as an exponent of the better surgical thought of to-day. That is no slight honor in itself. But when we look over the field of medicine, and find one after another, in these later years, of the diseases, demonstrated in its cause and effect to be dependent upon a vital organism introduced into the system from without, we certainly are not expecting too much in the immediate future, that diseases shall not alone be held in check, but that they shall be kept largely in such abeyance that the practice of medicine may be said to be the highest honor that belongs to all the professions.

When we turn to the legal side, and see the care that the states all over the Union are taking for the protection of the people against imposition, against fraud, against everything that shall injure the higher interests of the citizen, we find there also the work of the physician. Twenty-six states of the Union already have laws for the regulation of the practice of medicine, and we may safely predict that before long no man in this great country can practise medicine until he has shown to a board, entirely independent of that from which he receives his degree, that he is competent, in a certain large measure, to fulfil the trust imparted to his care.

I can hardly allow myself not to mention the great strides our profession have made in other fields as well; as, for instance, that of preventive medicine, which we call in this day sanitary

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science, itself a great profession. As we saw to-day your magnificent landscapes, your great mountains, your wooded hills, your lovely valleys voiced with the musical waters of your pure, clear streams, and sailed across your beautiful lake, I thought of Hippocrates, the great father of medicine, looking out upon the blue waters which surrounded his island home, and declaring that "Pure air, pure water, and pure soil are the great fundamental principles for the safety of our living." It has not been given unto us yet to declare that we can solve the problem of keeping a million of people together in as perfect health, and warrant them as long lives, as free from disease, as when they are scattered over such a country as that which we have been visiting to-day. Yet the problem of our future is to be able to mass people together in great communities, while each may have around him as pure air as the dweller among these New Hampshire hills; that each shall drink water as pure as that of your beautiful lake, and that the soil upon which he builds shall be as free from the dangers of miasma as are the hills of this old Granite State. At an early date our great cities will demand of science a purification of the water-supply from bacterial infection, or they must seek from the distant mountains a better source from which to furnish this primal need. Boston, New England's great commercial centre, will certainly demand that New Hampshire shall give us a supply of that which we cannot do without, from the pure waters of your Winnipiseogee, if it shall be necessary that we go so far for our supply. There are a hundred questions which, on an occasion like this, press upon busy men as they think over the possibilities of the future. I cannot help referring to a thought that came to me as I listened to my friend upon my left, who represents the clergy, telling of the advantages of his own profession. I cannot for my own part grant that his office is higher than that which belongs to you and me. May we not accept that both of our professions should be broadened in the catholicity of science, which is, after all, the demonstration of God's own law of pure and simple truth? The one profession reads it in the divine revelation transmitted through the fathers; the other, in the unerring law of vital forces transmitted from the beginning of creation. The one teaches a mediatorial redemption from

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the transgressions of the moral law; the other knows of no high road cast up for the escape from the penalties attached to the infraction of its inflexible government. If the physical emanate from the same source as the mental and moral laws, ought they not to demand that they shall equally be respected, investigated, and obeyed? If the moral, physical, and the mental are thus intertwined as a commonalty, as the great tripod, so to speak, upon which we base everything for which we hope here and hereafter, may we not demand of our country that she give us the best possible opportunities for training in order that these laws shall be correctly interpreted, and that we discharge the duties of our high office to the best of our ability for the public good? In this spirit I close with the sentiment:

The American Medical Association: May it demand of every member his best scientific endeavor. May it continue to offer to the humblest and most obscure an impartial judgment upon the merit of his contributions, in his effort to leave our most noble profession better than he found it.

From that lone star state of Texas comes some of the very best recent original observations upon disease. From the distant state of Nebraska, which only yesterday was a wild, roamed over by Indian and buffalo, we have original studies in certain fields of pathological investigation relative to domestic animals, recognized already in Germany as the best of bacterial laboratory work. The spirit of a generous rivalry should pervade our great profession. We should know no west, no east, no north, no south, but recognize a commonalty of interests. That, while we hold the legal and the clerical professions in the highest honor and respect, we magnify our own calling as the high-priesthood of a most noble science. [Applause.]

The CHAIRMAN.—History tells us that there was a period during which the state of New Hampshire belonged to Massachusetts; and, in the various discussions which have been held over the boundary line between the two states, New Hampshire men have sometimes claimed that Massachusetts held the belief that New Hampshire still belonged to it. And the suggestion which our distinguished brother threw out in regard to Lake Winnipiseogee was rather alarming to my mind. However,

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we think a great deal of Massachusetts. We have a most sincere regard and admiration for her noble medical society, and it is with great pleasure that I call upon the President of that society, Dr. Amos H. Johnson, of Salem.

Dr. JOHNSON said,—

Mr. Chairman and President, Fellows of the New Hampshire Medical Society, both ladies and gentlemen: Hitherto a visit to your state has been associated with feelings buoyant by reason of relaxation from toil, and with a sense of refreshment from the mere memory of your mountains, before actual arrival among their cascades, their rushing rivers, and their life-giving air. But to-day I come weighted with a responsibility,—with a burden of no less proportions than the salutations, the congratulations, the expressions of high esteem, the best wishes, and the "God-speed" of the more than seventeen hundred members of the Massachusetts Medical Society. [Applause.] Manifestly it is impossible to transmit so great a volume of kind thoughts and feelings through any form of words which this time allows. Therefore, in response to the invitations with which you have honored them, many members of our society are your guests to-night, not to adequately voice the sentiments of the body they represent, but to manifest the fact that the line of communication between our two societies, for so many years established, they desire to maintain. The poles and wires of telephones and railroads stand mute and impotent, yet through them travel the sympathies and commercial transactions of nations, and mental and physical forces which they themselves can neither originate nor contain, nor bear without rupture if submitted to their strain. Thus, this evening, as we are among you, with brief utterances, or voiceless, we are relieved to think that your thoughts, without any words of ours, will run through and beyond us to your elder sister in Massachusetts; while her efforts, desires, and successes, in pleasing accord with your own, will responsively be brought to your recollections through our simple presence. We were greatly pleased to notice the perfect satisfaction of your delegates with the state which they represented, especially with those features of it for which they were not personally responsible, viz., its mountains and its rivers—its rivers, delightful alike to artists,

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to manufacturers, and to utilitarians of all kinds, whose inventions have compelled these waters to do their bidding. We listened in vain for some enthusiastic account of the adaptation of those streams to the water-cure. Then we wondered if such complacency on the part of our visitors might be due to the fact that they considered themselves provided against all possible exigencies of existence. Like a certain English lord, with vague religious notions, who, after boasting of some water-works which he had invented and constructed, added that he expected to be very comfortable in the next world, since he had been so useful to mankind. To whom his clergyman responded, "If you mean to be comfortable there, you must take your water-works along with you." We comfort ourselves by thinking that the necessities of no member of this society, in good and regular standing, will ever require the defacement of your landscape by the diversion of your streams to the nether world.

One of the values of these objects of nature, to which your delegates called our attention, is found in the symbols they furnish. What more unlike than the mountain and the river? Yet, without the one, we lose the other. So, it is not necessary to have similar organizations, characteristics, or circumstances in order that we may render, one to another, the best elements of life and strength. Men, as counterparts, bring into existence better forms of knowledge and action than they would as homogeneous workers. The same is true in relation to such bodies as our two societies. Their interests and actions, when not identically the same, may yet prove mutually supporting and instructive. For the same spirit energizes and controls them. The river makes its way to the ocean, to be thence lifted by the sun, to repeat by its flowings from the hills its distributions of life, and to lend its energies to human inventions, because the solar force leads it through this eternal circle. So the spirit of learning, for philanthropy's sake, lifts us to the heights of medical knowledge, whence our acquired powers, through the proceedings of these societies and through our individual courses, flow out through the vast round of varying human needs, to promote wide-spreading increase of life and happiness, and to be renewedly raised, by fresh accession of spirit and knowledge, to repeat this round of usefulness. These combinations of medical

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men are indispensably necessary in order to make the most rapid progress in medical knowledge. Brought together, placed in proper relations through organization, they, like the pistons in an engine, by alternating action, compel fresh draughts upon the sources of their power. They aid one another to apply the central forces of truth, and, by interplay more or less rapid, revolve the wheels of progress, and so carry us to greater heights and clearer atmospheres intellectually. To the feelings of gratification and pride with which you celebrate this centennial, we are fitted, through our own experience, to respond with much sympathy. The Massachusetts Medical Society, although it has had the longest continuous existence of any similar society in the Union, is but ten years older than yours. We congratulate you upon the memories to which this anniversary gives especial vividness. Your historians have so fully and justly recited the details of your career, that it only remains for us to attest the value of such recollections. Only a decade ago they gave an impetus to our society which largely contributed to its present prosperity. In looking back upon the history of medicine for a hundred years, doubtless you found many things, as did we, which reminded you of the foot-stoves, tinder-boxes, warming-pans, tallow candle-moulds, and the spinning-wheels in antiquarian collections. To be sure, we found nothing quite so crude as the device of a certain marine doctor, of which I read a few days ago in an item taken from the Pall Mall Gazette of London. It was simply a piece of tape, which the practitioner tied around the waist of his patient and then demanded of him that he should declare whether the pain was above or below the tape. If it was above the tape, it called for an emetic; and the emetic was given. If below the tape, it called for a cathartic; and a cathartic was given. As we looked upon these various antiquities, the first feeling was one of great amusement at the clumsy rudeness of their adaptation to human wants. Then came romantic thoughts of their association with primitive social customs; then feelings of pride at the superiority of our modern appliances; then reflections upon their special value as indicators of the spirit of our fathers, who, notwithstanding such inferior equipments, accomplished so much; then came a most profound realization of the advances which

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have been made during the century which has passed; then an overpowering sense of the labor and fidelity now required, in order to continue such a forward movement in the years to come. Thereupon came the suggestion, that since we are the product of the workers in the past, inheritors of the fruits of their labors, we are constrained, by the ties of succession and claims of gratitude, to do our part as participants in the evolution of the science and art of medicine.

In conclusion, let me give you the following sentiment: The New Hampshire Medical Society: May the wisdom and honor obtained through its first century of life prove the root out of which shall develop a growth whose fruits shall abundantly feed all seekers for medical learning, and sustain all promoters of professional fraternity, enthusiasm, and influence.

The CHAIRMAN.—No meeting which has relation to the progress of science and art in New England is complete without a representative from New England's most ancient university. I have the honor of calling upon Dr. D. W. Cheever of Harvard. [Applause.]

Dr. D. W. CHEEVER, of Boston, Mass., said,—

Mr. Chairman and Members of the New Hampshire Medical Society: As a son of New Hampshire, I cannot but feel pleased to be allowed to be a visitor under such pleasant circumstances as these. As a son of my father, I cannot but have been gratified to-day at the very honorable tribute that was paid to his worth and excellence by one of your orators, as one of the earliest and successful medical pioneers in this state.

I doubt if in many respects the sons are equal to the fathers who went before them; but certainly, as the last speaker has said, there is imposed upon us an increasing obligation to endeavor to be worthy of them, and to maintain and push forward the work which they began.

It was the energy and talent of those older men, especially in surgery, which founded at Dartmouth college in this state one of the first medical institutions in New England. And although you ask me now to speak for a medical school which is still older, that of Harvard, yet I can but feel that you have within your own borders both the inception and the possi-

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ble continuation of the idea of medical education, which needs no help and no guidance from anything we can do in Boston or in Massachusetts. But as you have asked me to speak for Harvard Medical School, which I have been connected with for a good while, and especially as in looking around here to-day I have seen a great many members of this society who have been students there, having been under our teaching and visited our hospitals, I may perhaps be pardoned if I repeat to you a few facts about our school which members of our medical associations are rather tired of hearing, but which here, perhaps, may receive attention as not being familiar to you. It is now the twentieth year since Harvard Medical School undertook a radical change in medical education by introducing the graded system. In endeavoring to carry out the reforms it introduced, the Harvard Medical School has undergone two severe convulsions, so to speak, which have threatened its very existence.

The first change was this: We lengthened the course from four to between eight and nine months, required residence during those months, and adopted a graded course of education. The immediate consequence of this change was to cut down the number of our students so that it has taken us just twenty years to reach the point from which we started. This year, for the first time, our catalogue shows an attendance slightly in excess of what it was when we made the change in 1871. As soon as this change had got into successful operation, a second rather dangerous step was proposed, which was, that no one should be admitted to the school unless he passed a preliminary examination in certain essentials of a liberal education which might fit him for the study of medicine. Somewhat to our surprise, the enforcement of this provision cut down our classes much faster and to a much greater extent than the first requisite of a graded course had done. And now, having survived this disaster and having again reached the number of students we had twenty years ago, we propose next year to take the third step, and require a four years course of instruction for every student who desires to graduate at our school. This is, of course, quite a radical departure. To the profession in New Hampshire, and also, perhaps, to the profession in Massachusetts, it seems that Harvard University is great enough and rich enough to carry out

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any reforms that she pleases. There is, however, a great mistake in this idea. The medical school has funds only to the amount of $30,000, and its only other property is its school building, which was built and paid for by public subscription. It is, then, absolutely dependent,—I will not say for the pay of its teachers, because that has never been adequate for the work done,—but dependent for its very existence on the fees of students. Sometimes we have had a deficit, and sometimes a surplus of one, two, or three thousand dollars. We feel some pardonable pride in the fact that in the face of these obstacles we have been able to do something to advance medical education, and to place it more nearly on a level with what is required in the other countries of the civilized world. Now I conceive that what we are doing and what other schools also are doing is to convert the study of medicine into a liberal education.

By requiring a preliminary examination, we lay the foundation for a proper medical education. The student must be able to write good English, be well versed in the elementary principles of reading, arithmetic, and English literature, be able to pass an examination in physics, in at least one modern language, and in Latin. We all believe that if it were possible, and all sons were able and all fathers were rich, it would be better that every man should have a collegiate education before he enters upon a medical one. This, however, in our own country is simply impossible, and we therefore demand only so much as may be necessary to enable the student to understand the curriculum he is to follow. Also, of late years, since the very large increase of knowledge in the sciences which govern medicine,—chemistry, microscopy, biology, etc.,—it seems to me that the increased amount of laboratory work which we give has had a very important influence upon the medical mind and knowledge throughout New England, and also throughout some parts of the West.

Medicine is not what it used to be, and professional knowledge is not acquired as it was formerly. It is governed now by what we may call the laws of science. Instruments of precision, the clinical thermometer, the various articles used by the specialist in determining the location and nature of diseases, induction and clinical observation, are positive elements in converting

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what was before an empirical art into a true science. I trust I am not saying too much when I assert that as time goes on and larger discoveries are made, especially in bacteriology and microscopy, we shall not only be able to find out the germs of disease and thus provide for the arrest of development in its incipiency, but shall also ennoble our art still more, until medicine may have a place among the sister sciences as truly equal to them. It is this great work we are trying to do, namely, to convert the study of medicine into a liberal education. [Applause.]

The CHAIRMAN.—We are fortunate in having one other of our sister state societies represented here to-night—our little sister, also down on Long Island Sound, or adjacent thereto. I have the pleasure of calling on the President of the Rhode Island state society, Dr. William H. Palmer.

Dr. WM. H. PALMER, President of the Rhode Island Medical Society, said,—

Mr. President, Ladies and Gentlemen: I think, Mr. Chairman, that the quality and quantity of the intellectual food you are serving this evening will at least cause mental satiety if not mental derangement. And certainly, if you hold in reserve other speakers, like Dr. Lindsley, of New Haven, there is danger that some of your guests may be detained and committed to your excellent asylum for safe keeping and restoration of mental integrity.

You stated, Mr. Chairman, in introducing the president of the Massachusetts Medical Society, that at one time Massachusetts claimed jurisdiction over part of New Hampshire. It is also true that at one time she claimed jurisdiction over the larger part of Rhode Island, and there is doubt if she has fully relinquished such jurisdiction—at least in good wishes—thanks to the commonwealth. The geographical position of Massachusetts between New Hampshire and Rhode Island, is, perhaps, fortunate; for any disease or heresy in her medical society, in the functional disturbance caused thereby in adjacent medical societies, will suggest the necessary prophylaxis.

I am pleased, Mr. Chairman, to be with you in your centennial celebration—at your centenary. The Rhode Island Medi-

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cal Society is only an octogenarian. Although there exists discrepancy in years, there is no real discrepancy in the vigor and professional work of the societies. Standing on the same professional platform, seeking, earnestly seeking, for that knowledge whereby suffering may be relieved and life possibly be prolonged, we are all moving in the same direction and working for like results. We bring the congratulations of the Rhode Island Medical Society to the New Hampshire Medical Society, and hope that other centuries shall add to her honor and fame.

The New Hampshire Medical Society commands honor not only from age, but from worthy record; for in the annals of the medical and surgical literature of this country are found contributions from representative men that do honor to your society and state. Your state has also an honorable position in jurisprudence, due, in some degree at least, to the influence of your society. You have made judicial departures alike creditable to science and humanity. Your eminent jurist, Chief-Justice Doe, was one of the first jurists of this country to accept the teaching of medical science, that the power of self-control, when destroyed or suspended by mental disease, becomes an essential element of responsibility. Jurists have long hesitated in accepting this conclusion of science. The departure began in New Hampshire, and the learned opinion of your eminent jurist is now being accepted throughout the country—even in the conservative state of Rhode Island.

Able mention has been made to-day, by your president, of the wonderful progress of medical science. Indeed, the progress is wonderful. If your fathers in medicine and surgery had been told of the probable advance of the past five decades; that their humoral pathology and their pathology of inflammation would fall before the pathology of the germ theory; that the scrofula diathesis would be lost in the pathology of tubercle; that surgery, with asepsis and antisepsis, would enter with comparative safety every cavity of the body, and almost every organ,—surely they would not have believed it. Can there be like progress in medical science during the next fifty years? If so, the New Hampshire Medical Society will honorably share in the advance.

It is remarkable, Mr. Chairman, that two states should have here to-day claimed the high honor of first having introduced

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women into medical fellowship. And I have the honor to enter this claim for the third state, Rhode Island; and if the vigilant Secretary of the Rhode Island Medical Society does not find in the records thereof that Miss Dr. Tyng was the first lady admitted into fellowship in any medical society of the country, his resignation will be in order. [Laughter.] [Miss Tyng was admitted into fellowship of the Rhode Island Medical Society in 1872.] Among the surgical operations she early and successfully performed upon her own sex, I know of some that male surgeons would at the time have hesitated to undertake. She is an honor to the Rhode Island Medical Society, as ladies will ever be an honor to medical societies and science. [Applause.] That Massachusetts does not claim this honor is surprising, for she is the leader of advanced thought—the school-master of New England. That she should be foremost, as she is, in the advocacy of women's rights and the hindmost in the granting of women's privileges, is unaccountable. You have seen, Mr. Chairman, the picture in which Columbus is telling his friends that it is easy to make an egg stand on end. The incredulity of the observers changing into expressions of surprise at their stupidity as Columbus strikes one end of the egg upon the table and leaves the egg standing thereon, is happily depicted. That such will be the mental surprise of our Massachusetts brethren when they shall have fully recognized the sphere of women in medicine, is not wholly improbable.

But I am detaining you at this late hour, Mr. Chairman. A palatable after-dinner speech should be well seasoned with wit. I have no wit, and, it being beyond my reach, I find satisfaction in the recent announcement of the versatile Dr. Hammond, that it is physically dangerous to be witty,—that wit is a symptom of paresis. If so, perhaps a kind word of precaution should be given to your genial and mirth-provoking bishop, for I feel quite sure that the secret of the mental integrity and longevity of our poet, doctor, and "professor" was the wise resolution he made, after writing that waistband-splitting, button-displacing, and fit-producing poem,—

> "And ever since, I never dare to write
> As funny as I can."

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I am honored, Mr. Chairman, in being called upon as a representative of the Rhode Island Medical Society. She is keeping equal step in medical progress with other societies. She has a library of over nine thousand volumes, and a membership nearly equal to yours. With all, she is conservative. I have been asked to-day why the Rhode Island Medical Society was so late in her organization—her charter being granted in 1812—in view of the early settlement of Rhode Island. I can only answer that there has always been, as there is now, a deterring conservatism in Rhode Island, the outcome, in my opinion, of the "Soul Liberty" doctrine of Roger Williams, merging, as it early did, into a sense of individual rights, a large share of which the average citizen of Rhode Island claims to possess. This sense of individual rights delayed medical organization and state confederation, and comes to the surface, whenever medical legislation is agitated, in the cry of class legislation and interference with individual rights; that a Rhode Islander has the right to do as he pleases within the law, and especially has the right to choose his own medical executioner.

I would say one word, Mr. Chairman, in conclusion, about the valiant and stalwart soldiers of your Granite Hills, and of your army surgeons whose patriotism was complemented by their professional competency and zeal; but their names and heroic deeds all have a place and an honorable mention in the records of the War of the Rebellion. I am sure that this loyal state will never become unmindful of its obligations to its loyal soldiers.

Permit me to offer this sentiment: The New Hampshire Medical Society: Ever loyal to the country, ever loyal to the best interests of the medical profession. [Applause.]

The CHAIRMAN.—There is another great university, scarcely less ancient than Harvard, to which some of us owe fealty, down on the shores of Long Island Sound. We have the honor of having a representative of Yale University with us, who is at the same time President of the State Medical Society of Connecticut, a society but one year younger than our own. I call upon Prof. Charles A. Lindsley, M. D., of New Haven.

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Prof. C. A. LINDSLEY, President of the State Medical Society of Connecticut said,—

Mr. President, members of the New Hampshire Medical Society, ladies and gentlemen: This is the warmest reception I have ever met with—away from home. [Laughter.] Any receptions hotter than this have been more often in discord than Concord.

There have been occasions before in my life when I have seriously regretted that I did not adopt the advice which Horace Greeley once gave to a young friend, when he said "Go West, young man!" If *I* had gone West when I was a young man, I should have escaped the embarrassment which I now feel in trying to speak, after the eloquent addresses which you have listened to. I very much suspect that some malicious person or practical joker has privately told you, Mr. President, that I am a member of the Connecticut legislature.

I wish to deny that, very emphatically and positively. If I were, you would be excused in calling upon me to speak, because the members of that body have never done anything but talk, and there is no probability, from present appearances, that they ever will. Talking being their only vocation, it might therefore be assumed that they were always ready. I am not a member of the Connecticut legislature, nor am I one of the many would-be governors of that state. There is with us, however, to-night a member of a former legislature of Connecticut, but I have some respect for his reputation, and, as he has shown a disposition to reform, I am not going to tell you who he is. This trouble has come upon me from being a stranger here. If I were at home I should not be called upon to speak, because there, as well as here, there are so many better and more eloquent speakers than I am that no one thinks of calling upon me on such an occasion.

In celebrating this centennial, I observe the rule is, and it seems to be a very good one, to indulge in reminiscences. I will therefore take the liberty of following an example which is so frequent here to-night, although it involves an acknowledgment that I am getting to be an old man, which you might not suspect.

Some forty years ago I began the practice of medicine in

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New Haven, and was, as young practitioners usually are, ambitious to get some patients, was polite to everybody, cultivated acquaintances wherever I could, and did succeed in doing some professional work. One night when I was taking that sort of repose which is only enjoyed by a man (as the bishop has told us) who has a clean conscience and a small bill at the grocers, I was awakened by the door bell. I had cultivated an ear for the night door bell, and I was at the window before it ceased ringing. "Doctor, come right over to our house. Baby is very sick. You can't get there too soon. I am afraid it will die before morning." I recognized the voice. It was one of my best patients. "I will go immediately." I went as soon as professional propriety would permit [laughter], and upon entering the house was shown at once into the chamber where the patient was lying. I recognized the disease, as every practitioner would, instantly,—that peculiar cough which we call croup; a cough which every one recognizes as indicating croup. The history of the case was given: The child had gone to bed in its usual health, was sleeping quietly when the parents retired, and in the course of an hour afterward they were awakened by this cough. I too was much alarmed. Here the parents were anxious lest they should lose their child. I was anxious lest I should lose my patient, and with it, perhaps, my reputation. Under these circumstances I thought it best not to take the whole responsibility. I immediately asked that Dr. —— around the corner, an old gentlemen I had met,—a cordial old gentleman too,—be summoned in consultation. He came speedily, for he had attended the family before, and he recognized, of course, as readily as I did, the nature of the case. "Doctor, what are you doing?" he said. "I have not done very much yet because I saw it required heroic treatment, and I did not like to assume responsibility until you saw it." "Well, we must adopt immediate treatment"—and he brought out his big pocket case of medicines. "This child must have a heroic dose of tartar emetic at once, as full a dose as we can venture upon." Any doctor in those days who went out of his house and about town without his pocket-case containing tartar emetic, calomel, jalap, and some form of opium etc., was not exactly in the case of the man who carried concealed weapons, but was

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rather to be regarded as a soldier on picket duty without arms. He brought out the tartar emetic, and administered it. "Now, he says, "we will wait a few minutes, and see the effect." We did not have to wait long. Vomiting soon occurred. The child was relieved. Of course the croupy cough disappeared. "A triumph of medical skill," says the old doctor, and he congratulated the family on sending for *him* so soon.

Now in these latter days we know that that case was not what we then supposed it was—one which I had been taught would probably eventuate in membranous croup if left alone. It was only a case of spasmodic croup, and would have been as surely relieved by any mild emetic. Such was the practice of forty years ago. And it suggests some reflections, which I may as well carry on in a personal way. We will suppose that Dr. ——, who had gone to that rest which always awaits the just and good, and, after lying these forty years in his grave, could now be resuscitated, rehabilitated in the flesh, reëstablished in his old office, surrounded by the new generation which has succeeded his time, and be called to see a patient. This time, we will suppose, it is a case of intestinal colic,—a young man, suffering severely. He identifies the case very readily. The young man wishes to get relief immediately. "The very thing you want is a dose of 'ten and ten,'" says the doctor. You younger men about here may not know what "ten and ten" is, or was. It is ten grains of calomel and ten grains of jalap, measured by guess and mixed indiscriminately. The doctor produces his pocket-case again, and prepares the medicine and administers it. Of course it does not produce an immediate effect. The patient is suffering intensely, and demands relief. "Well," says the doctor, "you must have patience. You will get over this as soon as we get the bowels relieved."

"Oh, but I cannot," he says; "the pain is terrible."

"Well, we will try and assist the medicine. Have you got any castor oil in the house?" So oil is produced and administered, but is rejected almost immediately. "It is evident," says the old doctor, "that the stomach is giving out. We will have to attack this trouble at the other end." And he called for materials for an injection—warm water, soft soap, common salt, molasses, etc.—and commenced to administer the prepara-

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tion per rectum. But that did no good: the injections came away as fast as they were administered.

The old doctor himself began to be a little alarmed. The man's pain was increasing. Then he suggested that it would be necessary to perform venesection, open a vein. But here the young man objected. He was up in the modern notions about bleeding. He did not believe that he ought to be subjected to that treatment. His friends, too, remonstrated, and thought there might be some other means adopted. So they ventured to call in consultation a young man in the vicinity. He came, and immediately inquired what anodynes had been given.

Old Doctor. "Anodynes! What! you don't want to lock the bowels up, do you? Intestinal inflammation will surely follow if you do that."

"I think not," says the young doctor.

"Well," retorts the elder, "you can't give anything, for his stomach rejects all medicine. I tell you he ought to be bled."

Y. D. "We might give a hypodermic injection."

O. D. "Been giving injections all the time."

Y. D. "I said a hypodermic injection."

O. D. "What's that?"

The old gentlemen was not acquainted with "that," so the young man produced a hypodermic syringe from his vest pocket, and a solution of morphine.

O. D. "What is that thing? and what are you going to do with that?"

Y. D. "Going to inject some morphine into his arm."

O. D. "You don't mean to tell me you are going to cure the bellyache by pricking his arm?"

Y. D. "Well, we'll try."

So the hypodermic injection is administered, and in five minutes the patient is relieved, as we all know he would be. In due time the other medicine takes effect, and the case is speedily convalescent.

And such was the treatment of intestinal colic forty years ago.

Now, we can imagine how the practitioner of forty years ago, who knew nothing of the advances of medicine of the present day, would be surprised if he should be called in

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consultation with us in these days. What would he think of microbes, of bacteria, of germicides, of our use of antiseptics, or chloral, of cocaine, of antipyrine, and the hosts of other new things of the present day?

He would have no knowledge of them whatever. I picked up an old prescription book in a drug store the other day, that was about forty years old. I recognized very few prescriptions in it that would be now employed.

Almost everything in the way of materia medica and therapeutics has changed in the time of my career as a professional man.

Mr. Chandler.—If you are going to expose more professional secrets, I think the ministers and lawyers had better go out.

Prof. Lindsley.—No, do n't go yet; these facts are so familiar to us, that it will do no harm for the ministers and lawyers to know them too, and even this repetition of them reminds me of a little story. It runs in this way: A clergyman, who had a somewhat wealthy parish which paid his salary promptly, and who lived in a very comfortable way, was fond of good living, but unfortunately his wife was economical in certain ways. She liked to have her house well furnished, liked to have good clothes, but thought it was wasteful to spend money for things to eat right up,—consequently her table, except when guests were present, was not bountifully provided; and her thoughtless husband had a most unfortunate habit of inviting guests home without giving notice. On one occasion he came in with a friend just as dinner was announced, and, without ceremony, introduced him into the dining-room and invited him to a seat. He saw at a glance there was no provision for extra company, but they took their seats without any explanation, and the good lady bowed her head mechanically in the customary way, while he seized the carving knife and fork. She waited a while and then, looking up and seeing him carving, she softly exclaimed,—

"Why, Paul, you have forgotten something."

"No, my dear, I have not forgotten anything. You think I have forgotten to ask a blessing, but you know I have three times already asked the Lord to bless this same old ham-bone, and I 'm not going to do it again." [Laughter.]

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Neither am I going to repeat any more illustrations of medical progress with which all you older doctors are so familiar, and which lawyers evidently cannot properly appreciate.

Now, with the changes which have gone on in the practice of medicine in these forty years, there have been other changes of which no notice has been taken to-night. I will allude to them briefly, for I think my time is nearly up. The one I want particularly to mention is the dose habit. We have all heard of the morphine habit, and the alcohol habit, and the chloral habit, etc. I do not think the newspapers will be very anxious to mention this, because, as I believe, they derive a good deal of income from encouraging it. I refer to the habit of medicine taking, particularly advertised medicine.

There is certainly throughout the country a wide-spread practice of dosing, on the most trivial occasion and without due consideration.

Medicine making is a great industry in this country. Large salaries are paid by manufacturers to skilled writers of advertisements, to lead people into the practice of dosing and to encourage the habit. Trivial symptoms of the most common occurrence are magnified to indicate alarming diseases, and the sure remedy at the same time suggested at $1.00 a bottle.

In proof of this, notice the large space occupied in all the newspapers and periodicals by such advertisements. Look by the way-side as you travel through the country, and see how every conspicuous object is disfigured with glaring falsehoods and shameless lies to impose upon the credulous.

This would not be so if there were not dose-taking dupes enough to pay the cost, and often realize for the impostors stupendous fortunes too.

Now I have in mind an illustrative case, told me by a clergyman. A poor man, his parishioner, had fallen into this habit so much that he was spending most of his money in purchasing newspaper drugs, so that his family became distressed about it. Finally his wife applied to the clergyman to know if his influence would not persuade her husband to cease the foolish habit of taking medicine.

"Have you prayed for him?" inquired the minister.

"Prayed for him!" she exclaimed. "Why I go to church,

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having nothing else in mind only just to repeat that petition in the prayer-book, which so exactly applies to his case."

"Ah!" said the good man, "I do not now recall the passage you refer to."

"Why, you know where it says 'from all false "doctoring," good Lord, deliver us.'" [Laughter.]

Now, that petition ought to be put into the liturgies of all the denominations, and at the head of all the medical advertisements in every newspaper.

I trust the time will come when people will realize how serious an evil is the taking of medicine in the way it is so commonly done.

Mr. President, I know my time has expired. Permit me, in conclusion, to thank you for your patient attention, and for the pleasure and honor of being present on this memorable occasion.

The CHAIRMAN.—I am sorry if I did not correctly understand my neighbor, President Johnson, but, unless I misunderstood, he now claims that Massachusetts was the first society to admit women. We have one more toast, and the motto is in these words, "Let a man step to the music which he hears." I call upon Dr. William Child, of New Hampton.

Dr. CHILD, of New Hampton, said,—

Gentlemen: You must know that it is embarrassing for me to be here this evening after such an array of talent—governors, mayors, bishops, senators, attorney-generals, and presidents of medical societies of New Hampshire, Massachusetts, Connecticut, and Rhode Island. I do not know but you mean it for an imposition upon me. I am really embarrassed, and one reason came out in the attorney-general's remarks. He said how many handsome doctors there are here, and I suppose he meant me; but I feel encouraged to make some remarks. I suggested a considerable part of his speech to him. I mention that to explain why my speech may follow in the lines of his.

I commenced the practice of medicine in a quackish way, when I was a boy of sixteen years. I was the oldest of twelve children. We had a doctor very often, and I had great respect for his ability. One day it came into the heads of us children

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that I should play being a doctor. It was very difficult to find one of the children willing to submit to my treatment, so we concluded to take the cat. For medicine, I took some sweet-apple-tree bark, steeped it into a strong tea, caught the cat and gave her a few doses of it. I, with the air of the family physician when he would pass out, trunk in hand, suggested everything would be all right in a little while. A sister of mine, who was always sharper than her brother in every way, said, "We must have a funeral out of this." [Laughter.] So we took a pillow-case, put the cat in it, and tied the end of the pillow-case around the cat's neck with a string. I had to submit, of course. We took an old nail keg, knocked out two or three staves, and the cat was laid out. This sister was always enough for me anyway; she put a big bumble bee into that pillow-case in the process of tying it. Of course I, being the oldest, must preach the sermon for the funeral, and I did; and I am going to preach you a sermon before I get through, you will find. And of course I had to make a prayer, so I shut my eyes. Suddenly an awful squalling took place in the pillow-case: out came the cat, and the funeral ended in a hurrah and without a benediction. That was my first medical practice, and it is all true, too.

The sentiment—I have been trying to think of it since I got up—"Let a man step to the music which he hears." I started out in that way. I was not quite sure whether I had better be a doctor or a minister, but finally concluded I would be a doctor. I went to a neighboring physician, entered my name, and have been digging away at it the best I could ever since. But in regard to the sentiment,—it is, to be sure, the sort of a sentiment you would expect a sophomore, a young lady sophomore in college, would naturally select. But after all, there is a good deal in it. "Let a man step to the music which he hears." Now I am going to take up two or three points, historical points. Some of them will be from the Bible, and if I do not get them right the bishop will correct me—after the ceremonies are over; I don't want to be corrected before. [Laughter.] For instance, Moses heard the music—I say this to illustrate what I want to come at, and I shall not talk for fun, though what I say may not be very wise nor witty. Moses heard the music in the oppression of his brethren, and, as the

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account has it, in the burning bush, and then again in the thunders of Mount Sinai, and he stepped according to the music which he heard. But for some reason, some error, not having enough faith, he did not get quite up to the mark set for him, yet he stepped the best he could to the music. He did not get into the Promised Land: the angels buried him. He had his reward in that way. Then, again, David stepped according to the music which he heard, though Satan got some notes into the score that set him stepping rather high. He finally became the sweet singer in Israel, and his psalms are perhaps a sufficient reason for his being the hero and the sweet singer of the Jews and the Christians for ages. No doubt his psalms have been acceptable to the Almighty. Then, again, Saul persecuted the Christians, and, as he was going down to Damascus for that purpose, suddenly was made aware of the correct music, and he stepped to the music which he then heard, and became one of the greatest preachers in the world, and has been followed ever since. Then, again, Alexander, Caesar, and Napoleon, stepped pretty high to the music which they heard—they were ambitious men—and they —— Well, the angels did n't bury them, anyway. I have just mentioned these men to show the different classes of people in the world. We are all just about the same, all represent some of the classes I have mentioned. There are men in the profession that have been great and grand, as you know better than I do. There are men, who, like Moses, hearing the music, become earnest physicians, do the best they can; and they deserve to be buried by angels. Then, again, there are men—I do not see any of them here—but there are men that march as David marched; they intend to march well, but the devil gets a few notes into their score, and they do not make such men as they would have made had they marched to the true music. Then we have able men, keen men,—in modern times called smart men,—who march as Alexander and Napoleon and Caesar marched. We might well wish that Alexander had not died in a drunken debauch—that there had been no wine cup to kill him in his early life; that Caesar never had had a Brutus; and that Napoleon never had had a Waterloo, —and I sincerely wish he never had, for I would like to have seen what he would have done in Europe.

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I am not a very old man, although I tell you I commenced practice about fifty years ago; I was a young man when I commenced practice;—that is why the cat died,—I lacked experience. But I can remember when there were men who went into the medical profession with their elbows out toward everybody, and their first and main object seemed to be to raise themselves up on the downfall of somebody else. Now there never was a greater mistake in the world, as every one of these gentlemen will surely say. [Applause.] I am a kind of fighting man, but I do not like to be in a fight with my neighboring physicians, and I never was but once, and to-day that physician is the best friend I have, and a real friend, and I made him so in this way: I never would enter a quarrel with him; I always gave him kind treatment. You all know how many little tricks we doctors might play. For instance: I have known this physician to come when I was giving Dover's powder—it was a case of colic; he turned up his nose, and my impression is that he gave some laudanum. Well, I did not give a big enough dose to relieve the pain, and the laudanum was an increase of the same dose, and he got all the credit. I lost the family practice and he gained it. And so it goes,—you all understand these cases. I believe in frankness. I believe that honesty should be used in our dealings with men everywhere. If the merchants of the city of Boston should treat each other as physicians did thirty years ago, they would be cast out of the exchange,—yes, they could not remain for a day if they should resort to such tricks as doctors used to. I do not believe it is being done at the present day. There is a system of consultation far above anything we have generally seen in New Hampshire. I refer to Dr. Hiland's plan. He never consults with the patient's friends at all; he talks with the attending physician entirely. I think this plan is being adopted by our physicians in this region. If I call a man in to advise me what to do with my patient, it is not for him to advise the patient; really he has nothing to do with the patient as to direct advice. Of course some person in the family would know his opinion. I am giving these gentlemen over-wise instruction, perhaps, still it is the true principle, in my opinion.

There is another point. There are many ministers—and

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this is a great nuisance—who come in and suggest some other physician to call in. It is all wrong to the people, and it is unfair to the attending physician. Why that habit should prevail among a certain class of ministers I am at a loss to comprehend. Of course a great many families have the utmost confidence in their family minister, as they should have in their family physician, and for the minister to come there and make these suggestions, *apparently* with the utmost kindness, is very unfair and harmful. Common sense ought to teach people differently from that. It is a crying evil, and has been more so than now throughout the state.

I believe our state Society has been stepping to a better class of music for the last twenty-five years than it did before, not only in spirit, but in regard to the real knowledge they have of the system and practice of medicine. You have had that rehearsed to you this evening, so I will not say a word about it.

But I think I should say something more in regard to the members of our Society. We have heard the praises rung in regard to the dead ones, and that is right; but I do think some mention should be made of the living members of the society, members to whom so much is due for its progress and for the happy results of the efforts that have been made by the board of health. I now refer particularly to Dr. Conn and Dr. Watson. [Applause.] If they die before I do, I shall get up here and praise their memory. But what will they care about it, —what will they know about it, perhaps? I don't know. But I do think that the men of this class in New Hampshire should have the credit of what they are doing while they are living. I mention these men, not because they are any more active in the Society, perhaps, than scores of others, but because I do know personally that they have had the hard work of the Society to do, and the hard work of the board of health to accomplish; and they should have due praise, here and now, and I will give it, and I know that every member of this Society will heartily cheer that sentiment. [Applause.]

Then, again, I wanted to speak of the success of this medical meeting. I do not refer to the speeches which have been made, but to the general success of the meeting. You will all agree

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with me, you visiting brethren, that never has a medical society gone on to its third day of meeting with such smooth work as the machinery of this Society has done. I am not praising myself, for I have had nothing to do with it. I said this year that I was coming to this meeting to kick up my heels, eat, drink, and be merry, and have nothing to do with any of the exercises. But in some way or other your chairman has got me into this foolish speech. We have to praise the executive committee and the committee of arrangements. I will not try to name their members, because they are well known to you all, and their names are on the record here. It requires great outlay of skill and practical tact to bring about arrangements so happily. Then, again, the papers that have been read: I have heard papers here for twenty-two or twenty-three years,—and I may be allowed to say that probably I have written more papers for the society than any other man, so I have a right to speak of these papers, beyond any one else. I have never heard so smooth, well written, well digested, and well arranged papers, with so little superfluous language, as I heard yesterday; and I think all will agree in cheering that sentiment. [Applause.]

I have a word more to say before I am through. In our medical proceedings, there is now and then a year—I do n't know why, exactly—that the publishing committee will put a star after their names, and at the bottom of the page, and there you will find, "We, the publishing committee, do not hold ourselves responsible for any paper published in this book." What in the name of common sense were they put there for? I will illustrate what I think their position is. We will suppose that Dr. Conn and Dr. Cook and Dr. Adams were recently married, and they should go on and have a family of children,—which of course they would. Now, John is born, and James, and Charles, and they are first-rate boys; they are smart, keen, and good looking. Then William is born, and he is not good looking. So they post a notice on the comer, saying, "We are not responsible for this boy." [Applause, and loud and prolonged laughing.] But never mind. Of course the committee is responsible only that papers are properly published or rejected. Now, Mr. Chairman and Fellows, let us step to the music which we hear, earnestly, enthusiastically, in the grand, never ending, ever

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changing work before us, mindful that the spirit of this may reach on to the next centennial day.

The CHAIRMAN.—I said that this was our last toast, but we are all, here in this vicinity, somewhat under the influence of the bishop, and that may account for the fact that I have one point more. We desire to hear from one of our honorary members, whom we have welcomed frequently in years past, and whose face we have always been glad to see,—the Centennial President of the Massachusetts Medical Society, Dr. H. W. Williams, of Boston.

Dr. WILLIAMS said,—

Mr. Chairman: As you have kindly asked me to say something to-night, I am induced by the presence of these distinguished legal gentlemen to say a word in regard to an important matter which interests both New Hampshire and Massachusetts; and that is, the question as to requiring some examination as to his qualifications before a man is allowed to practise medicine. The attempt to enact such a measure has been made over and over again in Massachusetts; but the circumstances have hitherto been unfavorable, and the legislature has not been disposed to do anything that was at all acceptable, because it was open to unfavorable influences. But the question has changed very much of late. Most of the states of the Union, I am told, have already passed laws of some kind, more or less beneficial, requiring that the practice of medicine be regulated to a certain extent by law. It seems that now is a proper time to repeat the efforts, which have been made by this Society as well as by the society of Massachusetts, to obtain some legislation. We do not ask that the profession be protected. We do not advocate this measure for our own advantage, but simply for the protection of the public, which cannot judge for itself whether those assuming to practice medicine are duly qualified for the grave responsibilities they take, and have a proper knowledge of the human system and of the diseases to which it is subject.

It is a recognized principle that individual rights may be limited by law, that people are not always allowed to do as they please in their own matters. A dentist must be licensed

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before he is allowed to operate upon a person's teeth. No pharmacist can prepare or sell medicine without a license. The physician ought to have some qualifications determined by proper authority. A man may perhaps have qualities that would entitle him to recognition if those qualities had been tested by proper examination, but he should not seek to impose himself on the public until he has submitted to that test. The sale of spirituous liquor or of gunpowder cannot be carried on without a license, which the seller must post in a conspicuous place. In various other cases there is a limitation of natural rights; and surely there can be no case where such limitation is more properly exercised than one involving public health and life. Therefore I hope the members of this Society will make persistent effort. A committee might be appointed, not to act this year, perhaps, but to ascertain what has been and what can be done in aid of such a measure, and then to set on foot means for its accomplishment. We can easily show that we are not acting for our own interest, but solely for the benefit of the public. I think there ought to be united effort to influence the members of the legislature in the towns where they live, so that when the question comes before them they will be prepared to meet it. The importance of this subject must be my excuse for saying these few words, and my recent severe indisposition renders me unable to do the subject justice.

The CHAIRMAN.—*Ladies and Gentlemen:* Our centennial day is ended. May God bless the New Hampshire Medical Society! May God bless us all!—and when another hundred years have rolled around, may those who stand in our places have the same reason to be proud and glad that we have to-night!

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INVITED GUESTS.

From the list of invited guests the Committee on Reception reported the following list:

His Excellency Governor HIRAM A. TUTTLE, Pittsfield.

Attorney-General DANIEL BARNARD, Franklin.

U. S. Senator WILLIAM E. CHANDLER, Concord.

Mayor H. W. CLAPP, Concord.

Right Reverend WM. W. NILES, D. D., Bishop of the Diocese of New Hampshire, Concord.

HENRY O. MARCY, M. D., President American Medical Association, Boston.

AMOS H. JOHNSON, M. D., President Massachusetts Medical Society, Salem.

Prof. C. A. LINDSLEY, President Connecticut Medical Society, New Haven.

W. H. PALMER, M. D., President Rhode Island Medical Society, Providence.

FRANCIS W. GOSS, M. D., Secretary Massachusetts Medical Society, Boston.

W. R. WHITE, M. D., Secretary Rhode Island Medical Society, Boston.

M. STORRS, M. D., Ex-President Connecticut Medical Society.

DAVID W. CHEEVER, M. D., Boston, Mass.

GEO. W. GAY, M. D., Boston, Mass.

CHARLES E. QUIMBY, M. D., New York.

W. W. HILDRETH, M. D., Newton, Mass.

MARY A. SMITH, M. D., Boston, Mass.

EMMA CULBERTSON, M. D., Boston, Mass.

Hon. SAMUEL C. EASTMAN, President Board of Trustees of the Margaret Pillsbury General Hospital, Concord.

Representatives of the *Daily Evening Monitor*, the *People and Patriot*, the Manchester *Union*, and the Boston *Journal* and *Herald*.

Regrets were received from United States Senator J. H. Gallinger; Chief-Justice C. Doe; Justices L. W. Clark and

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W. M. Chase; Col. Stephen M. Crosby, Boston; Geo. A. Pillsbury, Minneapolis; Drs. Shattuck, Chadwick, and Cotting, of Boston; Profs. Gerrish and Smith, of Portland, Maine; Prof. Grinnell, Dr. Walter Carpenter, and D. C. Hawley, of Burlington, Vt.; and Dr. Phineas Spaulding, of Haverhill, N. H.

GRANVILLE P. CONN,
Secretary.

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PRESIDENT'S ADDRESS.

BY LYMAN BARTLETT HOW, OF MANCHESTER.

Fellows of the New Hampshire Medical Society: The year 1791 opened auspiciously for the American people. The old confederation, which had been aptly called "a rope of sand," had given way to the new constitution, and the union of the states was so firmly secured that it seemed likely to be everlasting. The dawning prosperity reconvinced the people that in union there was not only strength, but mutual encouragement and helpfulness and advancement. In politics, in mercantile affairs, and in trade, organization was actively going on, and pushing for advantage.

It is not strange that the physicians of New Hampshire, full of the spirit of the age, the events of which they had so largely helped to shape, should have appreciated the advantages in their own sphere of combining together for their mutual benefit. The absolute necessity for this, if there was to be any great advance beyond the existing state of knowledge, was greater in those days than now. Books were scarce and high, and it required six months to get one from Europe, and there were no medical journals. Only one work of any magnitude, "Smellie's Midwifery," reprinted in Boston in 1786, had been published here.

Yet these physicians were learned men for their day. They had studied with their fathers and other men already eminent. Amos Gale, who was admitted at the first meeting of our Society, had several students; and his son, subsequently admitted, had twenty.

During the War of the Revolution, to which our state furnished a full quota of surgeons, the facilities for interchange of views and facts between the physicians of different parts of

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the country were great. Surgeons well learned in their profession came also from abroad and added to the common stock of knowledge, but with the close of the war this method of gaining information was nearly at an end, and on returning to their native villages our medical ancestors were isolated.

Moreover, there was sadly needed some fixed standard of qualification for students about to enter upon practice. There were only three medical schools in the whole country at this time,—Harvard, founded in 1783, the University of Pennsylvania in 1764, and King's college, in New York, in 1768,—two of them so distant as to be practically inaccessible; and it required quite a sum, for those days, to go to Boston to reside. Up to the close of the century these schools had not graduated two hundred and fifty. The Massachusetts Medical Society, which had its first meeting in 1782, was already issuing licenses, and there was need of a similar tribunal in New Hampshire.

Moved by these and perhaps other considerations, a petition signed by nineteen physicians, from thirteen different towns, was presented to the legislature, and a bill was passed by the house, and signed, February 16, 1791, by Josiah Bartlett, president of the senate, incorporating these physicians by the name of the New Hampshire Medical Society. The nineteen men were Josiah Bartlett of Kingston, our all worthy founder, Joshua Brackett, Ammi R. Cutter, Hall Jackson, and John Jackson of Portsmouth, James Brackett of Lee, Moses Carr of Somersworth, William Cogswell of Atkinson, Ezra Green of Dover, Osgood Kendall of Peterborough, Benjamin Page, William Parker, Jr., Nathaniel Peabody, and Samuel Tenney of Exeter, William Page of Charlestown, Ebenezer Rockwood of Wilton, John Rogers of Plymouth, George Sparhawk of Walpole, and Isaac Thom of Londonderry.

These were, nearly all of them, men of much more than ordinary ability. They were distinguished men. It would be difficult to match them now among the profession in this state,—outside the members of this Society. We are too apt to think that knowledge began in our time, if not in us. Hannibal was a great general although he did not have rifled cannon and dynamite, and these men were great physicians for their time

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without antipyretics and tuberculin. They were thoughtful, serious, self-reliant, fertile in expedients, and they had learned to turn to the best account what they knew.

The long struggle of the colonies, culminating in the war for independence, was very potent in developing the highest traits of character, and it follows from this, almost as a corollary, that the Continental congress was probably the wisest assembly that ever convened. There were two New Hampshire physicians in it, Josiah Bartlett and Matthew Thornton, sent by the state to heal the body politic, which, according to Cotton Mather, "was sicke nighe unto deathe." Both became signers of the Declaration of Independence, Josiah Bartlett having been the first member to vote for it, and the first to sign it after John Hancock, the president. He seems to have been providentially placed where he was. He was a physician, and God knew he would not hesitate to assume the responsibility. He had many times taken the responsibility at the birth of a man. Why should he shrink at the birth of a nation, or lag at the birth of a medical society?

Matthew Thornton, at the time of the founding of this Society, had retired from practice, being then seventy-seven years old. An address on this historic occasion would not be complete without a brief account of these men.

The Bartlett family, which has furnished five members to our Society—three of them having been presidents, and another a secretary—descended from ancestors who went from Normandy to assist in conquering England. They settled in the south of England, whence one branch of it, not sated by conquest, came to America to do great service in after years in conquering England again. Richard Bartlett settled in Beverly, Mass., in the seventeenth century. His son Richard moved to Newbury, and this Richard's son, Stephen, married a Webster, and settled in Newbury, where Josiah was born November 21, 1729.

In his youth Josiah must have had fair advantages, for he acquired a fair knowledge of Greek and Latin, and advanced so rapidly that at the age of sixteen he began to study the profession he subsequently adorned, with Dr. Ordway, a distant relative. He had access to the libraries of the neighborhood, and especially to the choice and extensive one of Rev. Dr.

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Webster, a relative on his mother's side, an able and learned divine, whose deep interest and friendship, afterward mutual, continued through life.

In 1750, at the early age of twenty-one, young Bartlett began to practise in Kingston, residing in the family of Rev. Joseph Secombe. And, by the way, this constant association with clergymen undoubtedly had an influence in developing and confirming the religious side of his character, which was conspicuous throughout his life, but it did not hamper his independence in thinking, for, while his relatives were Calvinists, he became a believer in man's free agency and accountability.

When he had been in practice two years he was attacked by a fever, which came near proving fatal, and we are told that when he found himself to be sinking he asked two young men, who were watching him, to get him some cider. They objected that it would be contrary to the order of his physician, but as the physician had pronounced the case hopeless they yielded to his persuasions, and the patient took the cider during the night, improving with every draught. In the morning a profuse perspiration came on, and the fever abated. After this he based his practice not on arbitrary rules, but on the condition of the patient, "treating the patient," as we say nowadays, "instead of the disease."

In 1754–'55, when he was thirty-five years old, an epidemic of cynanche maligna (diphtheria as we now term it) broke out, which was very fatal under the depleting and antiphlogistic course of treatment then employed. He decided on a different course, and, when his own child was smitten, administered Peruvian bark with happy effect. These are, from one point of view, trifling incidents, but they are related to show that he was an original, independent thinker, with "the courage of his convictions." These traits secured for him an extensive and lucrative business.

There is one thing more we know about Dr. Bartlett, and that is a very important one. He always displayed actively a zealous interest in the welfare of his profession. He was not only the founder of this Society, but he attended its meetings. Amid the onerous cares of his public life he took time to attend. When there was no quorum he was present. The doctor who

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keeps away from societies is more likely to become opinionated, selfish, and narrow-minded.

In June, 1793, while governor of the state, he was present, but declined a reëlection to the office of President. Whereupon the Society entered the following upon its records:

His Excellency Governor Bartlett having signified to this society that the discharge of the arduous and important duties of his office as first magistrate of the state, with various other concerns, must necessarily engross his whole attention, and that notwithstanding he should ever aim to promote the true interest of the Society, yet it would be inconvenient for him any longer to hold the office of President; wherefore, Resolved unanimously that the united thanks of the Fellows be given to His Excellency Governor Bartlett for his very polite and friendly attention and patronage in forming and supporting the Medical Society; and they very much regret his declining to accept the office of President, and request his advice, patronage, and attendance at the meetings whenever he can make it convenient.

[Signed] Nath[l] Peabody Vice-president.

Upon receipt of this, His Excellency returned, the same day, the following reply:

Gentlemen of the New Hampshire Medical Society:

The unexpected resolve of thanks, presented me by your committee, for the small service I have been able to afford the Medical Society I consider as an instance of polite attention and regard they mean to pay to such persons as may in any manner endeavor to promote the public happiness.

I have long wished that the practice of medicine in this state (upon which the lives and healths of our fellow-citizens depend) might be put under better regulations than it has been in times past, and have reason to hope that the incorporation of the New Hampshire Medical Society (if properly attended by the Fellows) will produce effects greatly beneficial to the community, by encouraging genius and learning in the medical science and discouraging ignorant and bold pretenders from practising an art of which they have no knowledge.

That the members of the Society may be useful to themselves and the public, and enjoy the exalted pleasure and satisfaction that arise from a consciousness that they have contributed to the health and happiness not only of their patients, but, by communicating to others the knowledge and cure of disease, to the

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general happiness of the human race, is the ardent wish of, Gentlemen, your very humble servant,

Josiah Bartlett.

Concord, June 19th, 1793.

The public, political life of our founder is not of so much importance to us on this occasion, and yet it can hardly be left out of account if we would duly estimate his character. To begin with, he possessed in an eminent degree the qualities people look for when they seek a leader in a trying emergency. He was honest, self-reliant, cool, decisive, of good judgment. His profession tended to make him all that, and, the clergy excepted, he was educated above the people around him.

He first appears in public life as representative in the legislature of the province of New Hampshire, Benning Wentworth being governor. Dr. Bartlett took the side of the people against the increasing encroachment of British power. To win his support, Gov. Wentworth appointed him justice of the peace, but he declined to serve. He became a member of the Committee of Safety, and a member of the convention called to choose delegates to a general congress in Philadelphia in September, 1744. He and John Pickering of Portsmouth were chosen to be these delegates, but, his house having been recently consumed by fire, he was obliged to decline. In September, 1775, he was appointed to command a regiment by the first Provincial congress, of which Dr. Matthew Thornton was president.

On August 23, 1775, he was chosen to the Continental congress, and took his seat on the 16th of September. On the 23d of January, 1776, he was reëlected, and June 12th was appointed on the committee to prepare a form of confederation. In December, 1776, he was reappointed delegate, but he soon came home worn out by his unceasing services and anxieties.

But he was not idle, for he was soon providing supplies for Stark at Bennington, and rendering other public services.

In August, 1778, he was again a delegate, but he resigned in October to attend to his domestic concerns, which had been sadly neglected.

In 1779 he was appointed chief-justice of the court of common pleas and muster-master of the troops then being raised

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for three years or the war. In 1782 he was promoted to be justice of the superior court, and in 1788 chief-justice. In 1790 he was chosen president of New Hampshire, and so continued till 1793, when elected the first governor. He was elected the first senator to the first congress of the new confederation in 1789, but declined.

Of the votes cast for governor in 1792, he received 8,096, and there were 297 scattering. In 1793, out of 9,854 votes he received 7,388, or three fourths of the whole, although John Langdon and others were in the field against him. He was also one of the electors of president and vice-president in 1792.

Is it any wonder that on the 29th of January, 1794, he resigned all public positions on account of increasing infirmities? But his repose in private life was of short duration, for, on the 19th of May, 1795, in the sixty-sixth year of his age, he died quite suddenly of paralysis.

By his excellent wife, whose maiden name was Mary Bartlett, he had three sons, each of whom became distinguished,— Levi, Josiah, and Ezra.

He was honored by every gift of office New Hampshire could bestow, and yet he was so discreet and open-hearted and hŏnest that he never provoked hostility or excited envy. He may not have been what is called a great man, yet he was fully adequate to every position to which he was called, and they were many and very important and very trying ones in the crisis of the nation's history. The people trusted him, and he trusted in God, and neither was disappointed.

The following, not quoted in his biographies, shows the temper of his mind. In a letter to Gen. Folsom, after the evacuation of Long Island, concerning preliminary negotiations looking to peace, he writes,—

> What the congress will do is at present uncertain, but I hope they will be directed by the Supreme Disposer of all events to do in this and every other affair before them what will be most conducive to the safety and happiness of these American states.

Like Josiah, king of Judah, "he did that which was right in the sight of the Lord . . . and turned not to the right hand or to the left."

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JOSHUA BRACKETT.

Joshua Brackett was born in Greenland, N. H., in May, 1733. He graduated from Harvard in 1752; was a student in theology, and for a short time a preacher; a medical student in Portsmouth, and in subsequent life an eminent practitioner there; judge of the maritime court during the Revolution and until the adoption of the Federal constitution; an honorary member of the Massachusetts Medical Society; made an honorary doctor of medicine by Harvard; the first vice-president of our Society, and from 1793 to 1799 its president. He died July 17, 1799. These, briefly told, are the principal circumstances in a life full of philanthropic deeds. He gave $1,500 to Harvard toward a chair of botany and natural history, and gave his library of one hundred and forty volumes to this Society. His widow, by his request, left the Society $500, which was expended for books.

HALL JACKSON.

Hall Jackson was born in Portsmouth about 1739, and was the son of Dr. Clement and Sarah Hall Jackson. After studying with his father, he visited the hospitals of London to study surgery. He settled in Portsmouth, and became distinguished. He was noted for his success in inoculating small-pox, and several hospitals were placed in his charge. He had also a high reputation as an obstetrician and oculist. An honorary M. D. was given him by Harvard, and he was an honorary member of the Massachusetts Medical Society. He was also a Grand Master Mason. He was the author of a small pamphlet on "Putrid Sore Throat," published in Portsmouth in 1786. He was killed by a carriage accident September 28, 1797, aged fifty-eight years.

NATHANIEL PEABODY.

Nathaniel Peabody began his checkered career in Topsfield, Mass., March 1, 1741. He never attended school, but was educated by his father, an eminent physician, with whom he studied medicine also. His mother, a woman of strong and

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cultivated mind, was of the tenth generation in direct line from John Rogers the martyr. When twenty-one he settled in Plaistow. At thirty he was commissioned by the royal governor a justice of the peace and quorum. In 1774 he was lieutenant-colonel in the militia. He was one of the bold party who took the one hundred barrels of powder from Fort William and Mary, in Portsmouth, in December, 1774. On their return, it is stated by Brewster in his "Rambles about Portsmouth," they proposed to visit Gov. Wentworth and other loyalists, but Josiah Bartlett and others addressed them and persuaded them not to go. Instead they returned to the fort, and brought off fifteen light cannon. The object then was to gain time, and not precipitate affairs before the colonists were ready. (This powder went to the battle of Bunker Hill, where New Hampshire furnished about half the troops and nearly all the powder.)

In the earlier years of the Revolution he was a leading member of the legislature, and chairman of the Committee of Safety. In 1778 he was adjutant-general of the state militia, and served in Rhode Island. In 1779 he was delegate to the Continental congress, and after his return home in 1780, on account of ill health, he was several years a member of the state legislature, being senator in 1785 and again in 1790–'92, and he was major-general of the militia. He received an honorary A. M. from Dartmouth.

He was fond of display, had elegant horses and a servant, and, although temperate in his habits, got deeply in debt, and was arrested for debt and committed to Exeter jail, but was not closely confined, being allowed to move around town within certain limits. Thus he lived, and practised medicine to some extent for twenty years. He acquired the rough habits of the camp, and did not leave them off with the expiration of his service. "He is said to have had his softer side," writes the historian of Exeter, "but apparently he did not often present it to others."

He had an abundance of wit, which could be very caustic when he chose to make it so, and as he was a man of very decided opinions and great energy, he was doubtless a warm friend and a hot enemy. A man of undoubted ability, he neg-

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lected his own affairs for his country's. His patriotism overshadows his follies.

He was vice-president of the Society in 1793 at Concord, and in 1794 at Exeter. He was present at meetings held in Exeter in 1806 and 1807, but his name does not appear again till 1818, when it was voted to cancel his dues amounting to thirty-two dollars. He was released from this earthly prison June 27, 1823, being over eighty-two years old.

WILLIAM COGSWELL.

William Cogswell was a native of Haverhill, Mass., having been born there in July, 1760. He studied the classics with Rev. Jonathan Searle, of Mason, three years and a half, when the war broke out, and he enlisted at the age of fifteen and a half as a private soldier in the company raised by his brother, Captain Thomas Cogswell. He returned in a year to study with Dr. Nathaniel Peabody, at Atkinson. July 19, 1781, he was appointed surgeon's mate to Dr. William Eustis, late governor of Massachusetts, in the general military hospital at West Point, and continued in service as such until the close of the Revolution in 1783. In January, 1784, he was promoted to the chief charge of the hospital, and remained in office until September, 1785. He then returned to Atkinson, and practised till he died in 1831, aged seventy-one years.

He manifested a lively interest in education, doing much for the establishment of Atkinson academy, one of the oldest literary institutions in the state, of which he was for many years president of the board of trustees.

BENJAMIN PAGE.

This heroic surgeon was born in Dunbarton, in 1742. At the opening of the war he joined his relative, General John Stark, and was surgeon from 1775 to 1787, or twelve years. He was present with the general at Bunker Hill, Ticonderoga, Bennington, etc. At Bennington he took command of a company whose captain was disabled, and carried the men into action with such bravery as to win special commendation. After the battle he attended the wounded, his surgical instru-

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ments being the only ones on the field. After the war he practised in Chester and Exeter, and in Hallowell, Me., where he died, aged eighty-two.

WILLIAM PAGE.

William Page was born in Connecticut in 1749. His early education was very limited. He moved to Charlestown at the close of the war, was a militia colonel, and was in the legislature several years, being senator in 1791–'92. He was present at the second meeting of the Society in 1791, and in the two following years only. He was a councillor of the Society, and was appointed to organize the Western District Society. He died in 1810, aged sixty-one.

SAMUEL TENNEY.

This brave and accomplished man was a native of Byfield, Mass., where he was born November 27, 1748. He was educated at Dummer academy and Harvard college in the class of '72. He studied with Dr. Kittredge of Andover, and settled in Exeter early in 1775, but when the war broke out he mounted his horse and rode to Boston, arriving just in season to assist in dressing the wounded at Bunker Hill.

He served through the war as surgeon, one year being assistant to Dr. Eustis in a Massachusetts regiment, and afterward in the Rhode Island line. He was present at the surrender both of Burgoyne and Cornwallis. He volunteered for the defence of Red Bank on the Delaware, himself using a musket in emergency. He dressed the wounds of Count Dunop, who was mortally hurt in the assault upon the work. The Count delivered his pocket-book to him for safe keeping, remarking that he looked like an honest man.

At the close of the war Dr. Tenney returned to Exeter where he continued to reside, although he did not practise much, being fond of scientific studies and inclined also to political life. For seven years he was vice-president.

He was a member of the convention for forming a constitution for the state in 1791. In 1793 he became judge of probate for Rockingham county, retaining this position until 1800,

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when he was elected to congress, where he served three terms. Dr. Tenney was a member of several literary, historical, and scientific societies, contributing articles to their publications. For the Academy of the Arts and Sciences he wrote an article on the mineral waters of Saratoga, and on the theory of prismatic colors. For the Massachusetts Historical Society, he wrote an article on Exeter, and a notice of the dark day, May 19, 1780. For the Massachusetts Agricultural Society, he prepared a much approved article on orcharding. He also wrote valuable political essays for the newspapers, particularly in favor of the Federal Constitution in 1788. He is said to have been a man of fine presence and dignity. His long and useful life closed in 1816, at the age of sixty-eight.

ISAAC THOM.

A native of Windham, he was the first physician in the town, practising there thirteen years with great success. He was a member of the Committee of Safety. In 1782 he removed to Londonderry, where he continued his professional work until 1795. He was born in 1746, and died July 13, 1825, aged seventy-nine.

EZRA GREEN.

This patriotic physician was born in Malden, Mass., June 17, 1746. He graduated from Harvard in 1765, and settled in Dover in 1767. In June, '75, on the Sunday after Bunker Hill, he joined the New Hampshire regiment under Colonel Reed, on Winter Hill in Charlestown, as surgeon, and served until the winter of '76, when he returned to Dover. He was commissioned surgeon of the *Ranger*, Captain Paul Jones, and November 1 sailed for France and was in the engagement with the *Drake*. The *Ranger* returned to Portsmouth in October, 1778. The doctor was married, and sailed very soon again as surgeon of the *Ranger*,[1] returning in July. In 1780 and '81, he was surgeon of the *Alexander*.

After the war he gave up practice, went into mercantile

[1] The newly-married doctor was probably not fleeing for peace when he went with Paul Jones.

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business, and was the first post-master of Dover. He lived to be more than one hundred and one years old.

MOSES CARR.

He was born in Newbury, Mass., began to practise in Dover in 1735, and then went to Somersworth where he continued professional work until he died in 1800, aged eighty-four. He was judge of the court of common pleas from 1776 to 1784.

AMMI R. CUTTER.

Dr. Cutter, one of the most accomplished physicians of our early history, was born in Yarmouth, Maine, in 1734, and at the age of twelve was sent on horse-back, accompanied by a servant, one hundred and fifty miles, to Cambridge, to be educated. He entered Harvard in 1748. Among his class-mates was John Wentworth, who induced him, after graduating, to go to Portsmouth to pursue his professional studies. He studied with Dr. Clement Jackson, and soon after, being qualified to practise, was appointed surgeon to the famous Robert Roger body of rangers, which formed a part of the army in the Indian frontier war of 1755. In 1758 he was surgeon of the New Hampshire troops in the expedition against Louisburg, and after the capture returned to Portsmouth and entered into business. He was physician to, and always an intimate friend of, Governor Wentworth. When the governor and Lady Wentworth went to their summer home in Wolfeborough, Dr. Cutter always accompanied them in case any accident should happen on the way. But when hostilities began he promptly sided with the colonists. When congress reorganized the medical department of the army, Dr. Cutter, at the earnest solicitation of General Whipple, left his family of ten small children and went to Fishkill to be physician-general of the Eastern department. He remained about a year, and then was obliged to return to look out for and educate his children.

He held no political office except a seat in the convention that framed the constitution of New Hampshire.

In his *Rambler*, speaking of the epidemic of yellow-fever in Portsmouth, in 1798, Brewster says, "Drs. Cutter and James

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Brackett stood firm through the whole, and never took the fever."

Dr. Cutter received an honorary M. D. from Harvard, and was an honorary member of the Massachusetts Medical and Humane societies, and was the third president of our Society, serving from 1799 to 1812.

He is described to us as a man of very high intellectual, moral, and social powers. He died December, 1819, aged eighty-five.

JOHN ROGERS.

He was born March 27, 1755, in Leominster, Mass., probably being a son of Rev. John Rogers. He graduated at Harvard in 1776. He practised in Plymouth, and was justice of the peace there in 1804. He died March 8, 1814, aged fifty-nine.

GEORGE SPARHAWK.

Dr. Sparhawk was born in 1757, graduated with the class of 1777 at Harvard, and settled in Walpole. He was a man of superior abilities, acquired a large practice, and thereby a large fortune. He was a state councillor in 1792 and 1793. He died in 1847, aged ninety.

EBENEZER ROCKWOOD.

He was born in 1746, graduated from Harvard in 1773, and was surgeon in the continental army. In 1779 he received and accepted an invitation signed by nearly all the legal voters of Wilton to settle there. He did an extensive business there, until he died. He did not, so far as can be learned, hold any public office.

KENDALL OSGOOD.

Dr. Osgood was a native of Andover, Mass., in 1757. He practised in Atkinson from about 1785 to 1788, when he moved to Peterborough, where he died in 1801. Early in his professional career he was surgeon on a privateer in the Revolution, and accumulated considerable wealth. He withdrew from the Society in 1799.

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I have not been able to obtain information about James Brackett, William Parker, and John Jackson. William Parker was treasurer in 1792, and secretary in 1791.

I am greatly indebted to our excellent historian, Dr. Irving A. Watson, for valuable assistance in preparing these sketches. I have gathered material from widely different sources, and much more of interest might be written; but enough has been said to show that these early members were no ordinary men. In their services to the profession, to the communities in which their lot was cast, and to the country, we may take a just and honorable pride.

It is worthy of note that while none of them were graduates of a medical school, seven out of fifteen of whom I have definite information were graduates of Harvard. The average length of fourteen known lives is over seventy-five years.

HISTORICAL SKETCH.

The first meeting was held May 4, 1791, at Exeter, and there were ten of the nineteen charter members present, among them being John Rogers, of Plymouth, whose journey horseback was more laborious and consumed much more time than would be required of us to attend a meeting in St. Louis. Thirteen new members were admitted, and among them was Levi Bartlett, oldest son of the governor Josiah.

Levi was born in Kingston in 1763. Educated at Dummer academy, he studied with his father and the celebrated Thomas Kittredge of Andover, and settled in Kingston, where he acquired an extensive reputation as a physician and surgeon. He was secretary of our Society nine years, and president in 1799. He was colonel in the militia. He was frequently in the legislature, and was a member of the council two years. He was presidential elector in 1804, chief-justice of the court of common pleas in 1807, and judge of the circuit court from 1816 to 1820. He was a kind, generous, and just man.

The second meeting that year was held at Concord, June 2, when eighteen were present. Three new members were elected, Nathan Smith, of Cornish, among them. A session was held June 3, at 7 a. m.

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The second annual meeting was at Dover, June 13, 1792, twelve members being present, and the code of by-laws was adopted, and provision made for instituting district societies. Dr. Joshua Brackett, the vice-president, donated his library of one hundred and twenty volumes.

There was no quorum when the Society met June 13, 1793, at Concord, nor was there on the 14th; but on the 19th there were twelve present, and two new members were admitted, and a certificate of qualification to practise was issued to Joshua Gee Symmes, of Newbury, Mass., signed by Hall Jackson and Levi Bartlett, censors of the Eastern District Society, and one was issued by the censors of the Western District to Richard Hazelton, "five Spanish mill'd dollars" being charged for each license.

The fourth meeting was held at Exeter, eleven being present. It was voted that "the secretary, Samuel Tenney, be allowed twelve shillings for his trouble in transcribing and procuring the laws of the Society to be published." Two more members were elected, and President Brackett presented thirteen more books.

In 1795, 1796, and 1797 the Society met, but there was no quorum. In 1798 there was a short session, with six members present. In 1799, at Chester, five licenses were issued. Dr. Brackett declined a reëlection, and Dr. Ammi Cutter was chosen president, and held the office thirteen years. Dr. Brackett presented eleven more books, and Josiah Bartlett, of Stratham, was elected a member.

This Josiah was the second son of Governor Bartlett, and was born in Kingston in 1768, August 29. He moved to Stratham in 1784. In 1809 and 1810 he was a member of the state senate, and was then chosen representative to congress. He was for several years treasurer of Rockingham county. In 1824 we find him back in the senate again, and president of it. He was also a presidential elector. He might apparently have held more offices had he not lost his eyesight. He began to have cataracts in 1819, and by 1829 was totally blind. He went to Boston the next year, and had both cataracts "depressed" at one time. Great pain, inflammation, and total loss of sight ensued. By his last will he bequeathed "to the

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N. H. Medical Society two hundred dollars on condition that it be kept on interest ten years, the product of which with the original sum to be a permanent fund, the annual income to be expended for the benefit of medical science as may be directed by a vote or votes of said Society." That fund now amounts to over two thousand dollars.[1]

At the meeting in 1800, Ezra Bartlett, of Haverhill, was admitted. Ezra was the third son of Governor Josiah, born in September, 1770. He married Hannah Gale, of Kingston, practised in Warren, and moved to Haverhill, where he was noted as a distinguished physician and surgeon. He was judge of the court of common pleas in 1806, judge of the circuit court in 1816, chief-justice of the court of sessions in 1820, councillor in 1822–'24, presidential elector in 1820 and again in 1828, and was also a member of the state senate. He died in 1855, aged seventy-eight, leaving eleven children. One of them was Dr. Josiah, born in 1813, who went to Stratham to live with and succeed his uncle Josiah. He was a member of our Society. He was killed in the Norwalk disaster in May, 1853, while on the way home from a meeting in New York of the American Medical Association.

The Society was now well established, the meetings were well attended, and there were no internal dissensions. Time and lack of space will permit only a brief notice of the more important facts hereafter appearing down to the time of the publication of the proceedings in 1854.

In 1810 we first find notice in the records of any formal literary exercises at the meetings. It was voted that hereafter an orator be elected, and Nathan Smith was chosen for 1811—a good beginning, certainly.

In 1811, Dr. Smith went to Exeter, and read several communications, one on the pathology and physiology of arteries, one on the spontaneous arrest of hemorrhage, one on spontaneous hemorrhage, and one on a false joint in the thigh bone, due to fracture, and cured by an operation. (What a pity we cannot know about this "operation"!)

[1] A memoir of Hon. Josiah Bartlett, of Stratham, by Josiah Bartlett, M. D. (his nephew, and son of Ezra), was published by the Society at Gilmanton, N. H., 1839. Printed by Alfred Prescott.

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1814. Money was scarcer than patients among the doctors in those early days, and many found it difficult to pay their annual dues. This year there were arrears due the treasurer to the amount of $626.32, and Dr. Peter Green, one of the councillors of the Society, was allowed to pay his dues in books from his library, "provided he had some not now in the library of the Society."

1815. The committee appointed to receive books from poor Peter Green toward his arrears reported the reception of the following: Spengall's Hippocrates, $2; Manning on Diseases of Women, $1; London Practice of Physic, $1.50; Boerhaave's Aphorisms, $1.50; Morgan's Philosophical Principles of Medicine, $1.25; Mead's Medical Precepts, $1.50; Thacher's Dispensatory, $4; Thomas's Practice, $4. Total, $16.75. Subsequently the doctor was mulcted ten volumes more, valued at $20, and he was then made an honorary member.

The annual dues were higher than they might have been, because money was frequently appropriated to purchase books for the library, and because the expenses of members present (and of their horses, too) were paid out of the treasury. This custom of paying hotel bills continued down to 1853.

That accounts must have been quite complicated we may infer from the fact that in 1816 a committee of five eminent men were appointed to audit them. They found the arrears to be $683.75, and the amount on hand $124.18½. The half cent had been handed down from the previous year. There were no defaulters in those days.

1816. It was voted that the tax due from Dr. Nathaniel Peabody be suspended, and the treasurer directed not to assess a tax on him until further orders.

Reuben D. Mussey joined the Society this year.

1817. We first find an account on the records of the examination of patients. From this time on a committee to examine was annually chosen.

1818. A committee was appointed to report a code of ethics, and the district societies were advised to draw up fee-bills.

It was voted to fine delinquent orators five dollars.

A committee was appointed to petition the legislature for an appropriation for the library, but this was wisely refused.

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1819. Four delegates were appointed to attend a convention of physicians from the Northern states, to be held in Boston, for the purpose of devising a pharmacopœia.

1820. At the suggestion of Prof. Mussey it was voted to send two delegates annually to attend the examination of candidates at Dartmouth college for a medical degree and also to sign medical diplomas, and Josiah Bartlett and Ebenezer Lerned were elected to serve as such.

1821. Voted that a catalogue be printed of the Fellows, Associates, and Licentiates, with the eighth section of the by-laws and the Medical Police (code of Ethics) prefixed thereto, and that the Secretary be requested to procure five hundred printed copies of the same.

1824. Voted that the President deliver a dissertation or essay annually at 12 o'clock.

1826. A circular from the Vermont Medical Society was received concerning the scanty requirements of professional and literary acquirement for licenses, and also for degrees, at medical institutions. The Council agreed to coöperate, and recommended that two courses of lectures instead of one be required. Approved by the Society.

The delegates to Dartmouth college report that there are now in the museum a number of preparations on which the nerves are beautifully displayed, while ten years ago there was not a single one of the nerves.

1827. Drs. Thomas Chadbourne and Josiah Crosby resigned because the Society did not enforce the regulation relating to consultation, with irregular practitioners. The Society, after listening to a report by Dr. Oliver, refused to accept the resignations, because the petition contained unproved charges against the Society and particular members of it. The report contains a remarkably able and well worded argument against going outside an organization to reform alleged deficiencies in it.

A dissertation on the treatment of fractures of the leg by Luke Howe, was nearly all read, when the landlord notified the Society to find accommodations at some other place, and it adjourned to the court-house.

This may have been, although the record does not say so,

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because the Society, at this meeting, took a very pronounced, and, for those days, advanced, position on the temperance question, unanimously condemning the use of liquor by the healthy as never necessary, and often hurtful, and scarcely allowing it to the sick under any circumstances.

The delegates to the Medical School state in their report that there were over one hundred students, thirty-five candidates for a degree, and only twelve degrees conferred. The school was highly commended,—as well it might be.

1828. The council met, and no quorum being present, it adjourned to half past five the next morning, when a quorum was present. Meeting held at the Washington hotel.

1829. The delegates to the Medical College report ninety-one students, of whom twenty-four were "approbated" (for examination), and seven received their degrees.

The responsibility resting upon the treasurer in these years was not great. The two auditors report that at the beginning of the year there was $7.70 in the treasury; that $59 have since been received, and $49.90 paid out.

It was voted that a copy of the address by the President, Dr. Twitchell, containing the report of a case of ligature of the common carotid, be requested for publication in the American Journal of Medical Science.

Dr. Mussey gave "an interesting account of the state of medical science in some of the medical institutions of France and England, and the practice of physic and surgery that came under his observation while abroad last year; also an exhibition of Civiale's ingenious instruments for grinding and removing the stone from the bladder."

1830. Dr. Mussey gave a very interesting illustrated lecture on the evils of tight lacing.

Resolved, That it is the duty of each member of this Society to use his influence to discourage, in every way in his power, any young gentleman from entering the study of physic without an education that would entitle him to admission as a member of Dartmouth college.

1831. It was "voted to excuse Daniel Adams, the president, in not preparing an address, according to the rules of the Society, in consequence of his not having knowledge of such a

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rule." Yet presidents had for several years been giving addresses. Dr. Adams was reëlected President, and the next year did not appear at all. The Society was accustomed to such disappointments. To ensure a member's absence, it appears to have been only necessary to elect him to write something.

1832. Twenty-five members present, but the president and vice-president were both absent. Prof. Mussey exhibited "a dilator to make it possible to extract a calculus from the female bladder; also a speculum to dilate the vagina to have an ocular view of the os tincae."

The Society unanimously resolved that a diploma from a school outside the state would not be received in lieu of an examination for a license.

1833. Meeting held at the Phœnix, and it was voted to adjourn to the court-house over the town hall to hear the address of the President, Dr. Oliver, and Dr. Chadbourne was appointed to wait on the President and accompany him. It was voted to publish the address.

The delegates to the medical college reported that Daniel Webster had examined a cabinet of minerals consisting of two or three thousand specimens belonging to Rev. Amos Cook, of Fryeburg academy, Maine, and he thought it would be a very desirable acquisition for the medical college, and he had started a subscription to secure it. This met with a flattering success at first, but it needed a push from the friends of the college, and the delegates expressed an earnest wish that the Society would give it. It was voted to purchase half a box of the first quality, and $25 was paid out of the treasury therefor. (This is, I believe, the only donation of the Society to the college. Individual members have sent specimens for the museum, and Dr. J. W. Parsons has given a series of casts of the brain.)

Voted, That the next annual meeting be holden at the Phœnix hotel, provided it shall be at that time a temperance house.

Prof. Mussey gave a public address to a large audience, arguing that man was not originally designed to feed on flesh, but on fruits.

1834. Met at the Phœnix.

1836. President Mussey was requested to deliver the annual

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address at the Unitarian meeting-house, and handbills were distributed announcing it. The address on the use of tobacco was listened to with interest and fixed attention, and several on the spot threw away their quid and pig-tail.

Resolved, That in our opinion humanity calls for the establishment of an insane hospital in some central place in this state, and the secretary was directed to send this resolution to the legislature.

A committee, consisting of Thos. P. Hill and the secretary (Enos Hoyt), was appointed to write a history of the Society for the *American Quarterly Reporter*.

1838. Six copies of the above were presented by Rev. Dr. Cogswell.

Voted, That the secretary write to the several secretaries of the several state medical societies of the Eastern states requesting that a delegation be sent to the annual meeting of this Society. Also that this Society recommend an annual national convention, to consist of delegates from the various medical schools and societies in the Union; that the first convention be holden in 1840, and that the secretary send a notice of this recommendation to be published in the *Boston Medical and Surgical Journal* and the *American Journal of the Medical Sciences*.

1839. Dr. Josiah Bartlett (of Stratham) read a memoir of his uncle, Josiah Bartlett, the donor of the Bartlett fund, which it was voted to publish.

Voted, That one of the annual dissertations appointed to be read before the Society be delivered in public, and the appointment made accordingly. (It does not appear on the records that this was ever repealed, or carried into execution. Drs. Oliver and Mussey left no successors.)

The delegates to the medical college, after stating in their report that Profs. Mussey and Oliver had resigned, speak in the highest terms of praise of their services to the cause of education and science. The Society subsequently expressed full confidence in the ability of the new faculty, and promised to continue their efforts to promote the usefulness of the institution.

September 25 a special meeting was held at Smith's tavern, in Salisbury, seventeen members being present. A communi-

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cation from the New York Medical Society, dated February 7, 1839, was read, advocating the sending of delegates to a national convention, to be held in Philadelphia the first Tuesday in May, 1840.

Luke Howe, Thomas P. Hill, and Thomas Chadbourne were chosen for New Hampshire.

The following were chosen to Washington to revise the Pharmacopœia—Dixi Crosby, Daniel Adams, and Amos Twitchell.

1840. Prof. Mussey resigned, and was elected an honorary member. Dr. Hanover Dickey was very properly elected a delegate to Hanover.

The report of a committee, recommending the publication of essays read before the Society, and of useful portions of the proceedings, was adopted.

1841. *Voted*, That an article be inserted in the new edition of the by-laws, exempting members over sixty years of age from taxation.

Josiah Bartlett, of Stratham, delegate to Hanover, reports seventy-two students—a greater number than in any other New England school.

1842. Forty-seven present. President Luke Howe having died, Dixi Crosby, the vice-president, took the chair. Among the new members elected were E. R. Peaslee of Hanover, W. D. Buck of Concord, and T. R. Crosby of Meriden,—three scholarly men and ornaments to any profession.

Mr. Dole, of the Phœnix, where the meeting was held, was highly commended for having banished liquor from his house.

1843. *Resolved*, That the Society condemn most pointedly the use of secret remedies in the practice of medicine, and no fellow of this Association shall hold consultation with persons who notoriously make use of such remedies.

The annual receipts had now advanced to $113 and the expenditures were $67. The treasurer was directed to purchase a trunk for the use of the secretary. (In use now.)

1844. Forty-six present.

Resolved, that every person hereafter proposed for membership shall present a certificate of fellowship with some one of the district societies, signed by the secretary, before the Society shall proceed to his election.

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Dr. Isaac Tewksbury was expelled for dishonorable conduct toward Fellows and neighboring physicians.

1845. Dr. Peaslee read an essay on inflammation, its nature and its characteristics, as a process distinct from the reparative process.

In June, 1843, an article appeared in the *Congregational Journal* reflecting on the Society. At the meeting in 1844 Dr. W. D. Buck was found to be the author of it. He claimed it was true, but the Society resolved that it was false and libellous, and the doctor was requested to retract publicly. Having failed to do this, he was now expelled.[1]

The delegates reported that Prof. Dixi Crosby, the professor of surgery, had not lost a patient in the five years of his service, in consequence of an operation, and that he had performed thirty-seven operations before the class last year, many of them of great magnitude.

1846. *Voted*, That the chairman of the delegates deliver a public address at Hanover.

1847. The chairman of a committee appointed to receive the Bartlett legacy reported that he had deposited in the savings-bank in Portsmouth, July 11, 1846, the sum of $201.50.

A deficit in the treasury this year.

1848. The annual meetings had hitherto been held in hotels, but now in the rooms of the Concord Society of Natural History.

Voted, That hereafter the same person shall be ineligible to the office of president or vice-president two years in succession. (There had been only eighteen presidents in forty-eight years.)

Resolved, That a committee of three be appointed to memorialize the state government for the adoption of suitable measures for procuring a registration of births, marriages, and deaths.

1849. The president, Dr. Peter Woodbury, was invited to repeat his address at the close of the session.

[1] The Society having received explanations from Dr. Buck, he was restored to fellowship in 1855. The doctor was a man of much above average ability, and of great force of character. He was very much inclined to be critical, although he aimed to be just.

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1850. A committee of fifteen was appointed to examine patients, and they were instructed to limit their services to patients under the care of Fellows.

Resolved, That we will use our influence to support a medical journal, should one be established in the state.

1851. Albert Smith pronounced a eulogy on Amos Twitchell, and it was, by vote of the Society, published in the *New Hampshire Journal of Medicine*, now just established.

1852. Dr. Moore, of Concord, introduced Rev. Mr. Durgin, of Meredith Bridge, whose skin had become deeply stained by the use of nitrate of silver applied to the air passages.

Dr. Josiah Bartlett introduced Rev. Mr. Cummings, of Hillsborough Bridge, who, upon leave being granted, spoke concerning the relation of the professions of medicine and theology to each other. A protracted discussion followed, and, on motion of Dr. Parker, it was resolved that it is the profound conviction of this Society that kind and intimate relations should exist between clergymen and physicians; but that, while we will not interfere with the spiritual direction of the patient when his life is thereby endangered, we claim the same non-interference on the part of the clergy toward physicians, so far as their peculiar duties are concerned.

Resolved, That Rev. Mr. Cummings be requested to present the above resolution to the Pastoral Convention of New Hampshire, and to state the accompanying circumstances.

A communication was received from the Pastoral Convention of Congregational and Presbyterian Ministers at a late hour, and was referred to the next meeting in 1853.

To the Medical Society of New Hampshire:

The Pastoral Convention, convened this day in Concord, cordially responds to the communication received from your body. The relations we hold to the community are most important, and the professions should be mutual helpers of each other. The physician feels a deep anxiety for the life and health of his patient, and so should the minister, and no interference on the part of the latter should be allowed to encroach upon the professional duties of the former.

Yet, as ministers of the gospel of Christ, we feel that we have tender and solemn relations to the sick of families under

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our pastoral care, which involve interests higher and more important than any which relate to this life only.

Therefore, *Resolved*, That we cordially reciprocate the kind feelings expressed in the communication received from the Medical Society; and, while we would cordially respect the rights of physicians, we earnestly desire their coöperation with us in our arduous and often difficult duties.

N. Bouton, *Clerk.*

Resolved, That hereafter the expenses of no member shall be paid from the general fund, except the annual dinner.

Resolved, That a committee be appointed to petition the legislature to enact a law for further facilities in obtaining material for pursuing practical anatomy similar to that which is now on the statute-book of Massachusetts.

Resolved, That the Society will publish the transactions of its next annual meeting for the use of its members and for gratuitous distribution.

It must not be inferred that there were no literary exercises. There were one or two, and sometimes three, papers read after 1810, but only their titles remain to us. Too often the orators, and even the presidents, failed to perform their allotted tasks. On one occasion, the president not being present, the vice-president, Dr. Dixi Crosby, at an hour's notice, gave a lecture on the anatomy and treatment of hernia. In those early days the Society was perfecting its organization and regulating the conduct of its members, battling with the host of quacks who infested the state, fostering the cause of medical education and demanding its further advancement, chartering district societies and supervising their proceedings, advocating temperance, investigating factory life, and pleading the cause of the insane.

Too much of its time was devoted to efforts to get books into its library and keep track of them afterward, and there was an ever recurring struggle in behalf of a famishing treasury. Circulars were sent out to the dilatory, and treasurers were instructed to even prosecute, and two and three, and even five, auditors were appointed at once, with the hope that something might be heard dropping into the treasury. And thus the financial line of battle swayed to and fro, until recent times.

But these discouraging circumstances seem to have only

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stimulated our predecessors to more strenuous exertions to increase the fame and usefulness of the Society, and establish it on a surer foundation. They buffeted the waves that we might turn our prow to peaceful shores.

THE LIBRARY.

During the earlier years the members appear to have set, as seems to us, an extravagant estimate on the value of a library. But in course of time its disadvantages began to appear. Books were carried to distant parts of the state, and neither the books nor the members appeared at the next meeting, and many have not yet returned. Only members in the vicinity of the library derived much benefit from it. To obviate this, the books were divided in 1824 among the district societies "according to the number of members in each, the books to be returned when ordered by a vote of the Society;" but they were of less and less use, because the members were buying books of their own. Some of the district societies in time became defunct, and the books were divided up among the members. In 1818 a committee reported twenty-five volumes missing. Some of them would be valuable now in a large library, to be at the command of those who desire to write up the history of particular subjects. There are a few of them in the library of Dartmouth college, and it is a pity the more valuable could not be gathered and stored in its fire-proof building.

The library of Dr. Brackett, consisting of about one hundred and forty volumes, formed a good nucleus. Mrs. Brackett gave five hundred dollars, which was all expended for books. The Society began in 1800 to appropriate money, and varying amounts of from fifteen to one hundred dollars were voted down to and including the year 1819, amounting in all to $740.00. The legislature was appealed to for aid, but there was no response.

There are about three hundred of these works in the library of the Centre District Society, at the office of the librarian, Dr. Irving A. Watson, in the state-house. These are comparatively safe. Are there any other collections than these two?

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DISTRICT SOCIETIES.

In 1792 two district societies were organized called the Eastern and the Western, the former to contain the counties of Rockingham and Strafford, and the latter the other three counties. Three censors were appointed for each, and Colonel William Page was authorized to call the first meeting in the Western district.

In 1807 the Centre District Society was constituted. It included the county of Hillsborough and the towns of Merrimack county situated west of the Merrimack river, and other adjacent towns, and Drs. Jonathan Gove and Ebenezer Lerned were authorized to call the first meeting at Hopkinton.

In 1811 the members residing in Strafford county were authorized to organize "The Strafford District of the N. H. Medical Society," and Asa Crosby was authorized to call the first meeting.

In 1815 the Western district was reorganized and made to contain the counties of Cheshire, Grafton, and Coös, and such towns in any adjacent county as the physicians therein practising may choose to associate in said district, and that Daniel Adams, Dan Hough, and Amos Twitchell, or either of them, be authorized to call the first meeting, and John E. Bachelder was afterward added. It was also voted that said Western district be permitted to admit twenty associated members in addition to Fellows of the New Hampshire Medical Society already residing in said district.

In 1816 the Southern District was established.

In 1820 the Grafton District was instituted, to comprise Grafton and Coös counties, and R. D. Mussey was authorized to call the first meeting. In 1839 no officers were chosen for this, and Dr. Dixi Crosby was appointed to use his influence to reorganize it, and in 1841 he was authorized to take possession of the library unless said district be reorganized within six months. In 1842 it was probably reorganized, for the Society chose officers for it.

In 1823 it was resolved that the Eastern District Society, having neglected their regular meetings for a long time, have forfeited their charter.

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In 1824 the Rockingham Society was chartered, and Israel Gale was authorized to call the first meeting. In 1833 it was voted to omit choosing officers for it, but in 1836 it was reported to be organized anew and councillors were elected.

In 1840, Drs. Silas Walker and David Flanders petitioned for a new society, to be called the Manchester Medical Association, on the ground that Amherst, where the meetings of the Southern District Society were held, was so far away that it was difficult and sometimes impossible for the several physicians in Manchester to attend. In 1841 the charter was bestowed. In 1850, Dr. Josiah Crosby reported it to be in a dying condition.

In 1848 the Carroll County Society was chartered, and Dr. W. H. Mason authorized to call a meeting.

The history of these has been written down to the time when the transactions were put into print.

STATISTICS.

Members, active and honorary. Up to, and including the year 1800, 46 members were admitted; from 1800 to 1825, there were 91; from 1825 to 1850, there were 164; from 1850 to 1875, there were 217; from 1875 to 1890, there were 206.

The total number admitted, therefore, is 724, and of these there are about 245 now living.

There have been seventy honorary members admitted.

There are three presidents living who are over eighty years of age,—Dr. Swett, at 81, and Drs. Gage and Eastman, at more than 80. Dr. Eastman is a lineal descendant of Josiah Bartlett, the governor having been his great-great-grandfather.

Licenses. One hundred and thirty-two licenses have been issued, the last in 1864. This does not include licenses granted under the state law regulating the practice of medicine.

Women. Our state Society claims the distinction of being among the first to admit women. The first woman admitted to one of our district Societies was Miss Mary Danforth, admitted to the Manchester Medical Society in 1877, she becoming, thereby, a member of the state Society. But the first voted into the state Society, formally, was Miss Julia Wallace (now Mrs. Russell)

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in June, 1878. We shall always cherish grateful and happy recollections of the elegant reception she gave to the Society and its invited guests, last evening.

Six others have been admitted.

RELATIVE AGE OF THE N. H. M. S.

The Massachusetts Medical Society was chartered in 1781, but was not organized until 1782. That of New Jersey is several years older, but it held no meetings during the Revolutionary War,—*i. e.*, from 1775 to 1781, and from 1795 to 1801, owing to lack of interest.

ARMY SURGEONS AND ASSISTANT SURGEONS.

Several of the early members rendered long and efficient service during the War of the Revolution. Subjoined is a list of those who served in the late war, but it is incomplete. When the next list of members is published, the names of those who have served their country in any war should be conspicuously indicated:

W. W. Brown,
H. B. Fowler,
W. W. Wilkins,
W. A. Webster,
A. B. Crosby,
George H. Hubbard,
Sylvanus Bunton,
J. C. Eastman,
C. C. Pike,
S. C. Whittier,
A. E. Emery,
D. P. Goodhue,
Thomas Hiland,
G. H. Larabee,
J. E. Mason,
Luther M. Knight,
Wm. Child,
C. P. Frost,
Geo. B. Twitchell,
S. P. Carbee,
L. C. Bean,
S. G. Dearborn,
E. L. Carr,
E. M. Tucker,
A. H. Crosby,
G. P. Conn,
J. H. Sanborn,
D. B. Nelson,
J. W. Parsons,
C. B. Nichols.

NOTE. The writer desires gratefully to acknowledge the valuable assistance of our most efficient Secretary to him, as presiding officer and as compiler of these statistics.

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CONCLUSION.

In conclusion, I gratefully acknowledge the heavy debt of obligation you have placed me under, in choosing me to preside on this august occasion, and for the pleasure I have derived from writing these biographies and reminiscences of our early members, and the history of the Society.

I have not thought it incumbent on me to say much of the members of later years, whose memories are still green and fragrant, and whose biographies have been published in our Transactions. Many of them have been worthy heirs of the glorious fame that justly attaches to those who, in 1791 and succeeding years, laid the foundation and builded even wiser than they knew. We cannot too highly honor their illustrious memories. By cherishing them as our own inheritance we shall enhance the reputation of our profession, and stimulate the development of ennobling endeavors to ameliorate the sufferings of our fellow-men.

It would be easy to criticise and hold up to ridicule the reports in the early records on the pathology and treatment of disease, just as it is easy to laugh at Fulton's steamboat, or the theories of the early chemists. The anniversary president in nineteen hundred and ninety-one can no doubt amuse himself and the Fellows greatly at our expense—although I imagine he will wonder less at our knowledge of the nature of disease and its treatment (possibly) than at the number of our physicians, and how the race survived so much sickness, and why we did not strive harder and succeed better in preventing disease. May heaven bless him, and endow him with charity to believe that we are doing the best we can with the means at our command. We are, in some measure, hampered in our progress by the lack of success of our brethren in the clerical and legal professions, for there is something more than the tie of alliteration between sin and suffering. In the good time coming, when the race rises with superior knowledge freer from its thraldom, our task will be easier.

Medicine is only one department of universal science. It advances *pari passu* with its fellows, for a thousand keen intellects are ever ready promptly to turn to practical account in our

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professional work every new discovery in science or art. Time fails me to allow even a brief mention of all these achievements of the century now closed. Anesthesia—the second best gift to man,—since next to the forgiveness of sin is relief from pain —antisepsis and hospital improvements, hypodermic medication, ovariotomy, and kindred operations. How many years have these alone added to the sum total of human life!

In pursuing our art, we often travel dark and thorny paths; but they converge to a field of light, and we are cheered along our way by a cloud of witnesses among the wise and good.

One of the greatest of living novelists has put into the mouth of the doctor's wife this beautiful tribute:—

"We are not rich in the bank, but we have always prospered, and we have quite enough. I never walk out with my husband but I hear the people bless him. I never go into a house of any degree but I hear his praises or see them in grateful eyes. I never lie down at night but I know that in the course of that day he has alleviated pain or soothed some fellow-creature in the time of need. I know that from the beds of those who were past recovery thanks have often, often gone up in the last hour for his patient ministration."

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NEW HAMPSHIRE SURGEONS AND SURGERY OF THE PAST CENTURY.

BY JOHN W. PARSONS, M. D., OF PORTSMOUTH.

With this meeting we close the first, and open the second, century of the New Hampshire Medical Society. 1791–1891 are the suggestive mottoes inscribed upon our banners to-day, and indicate an epoch in our existence as a society, in which the inscrutable laws of nature will allow but few of our members ever to participate.

Centennials are notable periods, replete with historical interest in the life of all associations, and bring unusual honor to each immediate member who can take part in such rare events. Similar occasions in the medical history of this country have been few. I believe there are only three other state societies which have preceded us in arriving at a hundredth anniversary, viz., New Jersey, Delaware, and Massachusetts.

Anniversaries are freighted with the triumphs of the past and the hopeful possibilities of the future, but there is a tinge of sadness connected with them always, — in this instance, in the realization of the absence of those whose names are so intimately connected with our history, whom we have learned to respect and revere, and who have labored so assiduously to place us among the few venerable medical societies of this country. May such a position in the span of time stimulate us to make our future record worthy of the honor.

History is always valuable and interesting, and no more opportune occasion than the present can come to this Society for a review of the lives and labors of some of our distinguished

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members; and, to aid in carrying out this plan, it devolves upon me to present such facts as I am able to gather concerning New Hampshire surgeons and surgery of the past century.

It is a matter of personal regret that the subject cannot be treated with that degree of fulness and accuracy which it demands, for the searching and verifying of records and other labors of the historian and biographer have not been compatible with daily professional duties. The material of this paper has been culled here and there, as I have been able to obtain it, and I have not hesitated to make free use of the text of any record which would serve my purpose. Much of the surgical as well as the medical history of New Hampshire lies buried with the past, and only a comparatively few of the exploits of the more prominent men are available, while those of the rank and file are in oblivion, only to be resurrected in the imagination, based upon our own experience of to-day.

Should this not serve as an admonition to us to place on record the results of our observations and practice? Although New Hampshire has had no hospitals till within a few years, and no large centres of population demanding such institutions, yet she can justly lay claim to priority in some of the boldest operations and most useful expedients in surgery, and she can present a roll of names famous in this department of our profession of which any country or state might well be envious. It is scarcely necessary for me to allude to the obstacles and disadvantages under which the earlier surgeons of the past century labored in pursuing their enthusiastic work. The fear and dread of the surgeon's knife did much, prior to the discovery of comparatively harmless anæsthetics, to prevent surgical progress, especially in sparsely settled regions more than in larger medical centres, where frequent examples and familiarity would incite to bolder work on the part of the surgeon, and greater courage in the patient. But with anaesthesia, asepsis and antisepsis, and other equally important discoveries to be made to enhance the art of surgery, if we could be allowed prospection sufficient to see the status of surgery at the next centennial, it would show an advancement equally and probably more startling than that of the century 1791–1891.

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At the beginning of about 1790, it would appear as if there was an unusual interest taken in medical affairs in this state, for in 1791 our Society was incorporated, and held its first meeting May 4, at Exeter. The founding of it may have been due largely to the influence of that prominent physician and patriot, Josiah Bartlett, who was our first president, and was president of the state at that time. It is more than probable that out of this first movement to associate the physicians of the state, there originated the conception of the importance of establishing a medical school in New Hampshire; and to Nathan Smith, one of our first members, must be ascribed the honor of being the man with the requisite ability and determination to inaugurate medical teaching in connection with Dartmouth college. An account of surgery at the beginning of the past century would be imperfect without some history of this extraordinary man.

NATHAN SMITH.

Nathan Smith was born in Rehoboth, Mass., September 30, 1762. He died in New Haven, Conn., July 26, 1828. His father was a farmer of moderate pecuniary resources, and removed to Chester, Vt., about 1770, when Nathan was a youth. His early days were those of the ordinary life of a farmer's son, and the district school was the only advantage for an early education, with the additional discipline of occasional teaching of others.

When about the age of twenty-one, he was incited to become a physician through accidentally having an opportunity to witness an amputation of the thigh by Dr. Josiah Goodhue, of Putney, Vt., when he offered to hold the limb and tie the arteries as Goodhue took them up. He requested Dr. Goodhue to take him as a pupil, but he was advised to further perfect his education, and accordingly he put himself under the tuition of Rev. Mr. Whiting, of Rockingham, Vt., and after studying several months he returned to Dr. Goodhue, with whom he studied three years. In 1787 he began practice in Cornish without any degree, remaining about two years, when, becoming conscious of the necessity of perfecting himself further in the knowledge of his profession, he entered the medical department

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at Harvard, and received the degree of M. B. in 1790, being the only graduate of that year in a class of four. He returned to Cornish, and practised for the next six years. It was at this time that he made known his long cherished desire to found a medical college, and importuned the board of trustees of Dartmouth college to consider a plan he had devised to establish a Professorship of the Theory and Practice of Medicine. This project, suggested in August, 1796, was not adopted, although looked upon with approbation, and Mr. Smith, still eager for further advancement in his acquirements, for a second time left his practice to become a student, and sailed from Boston, December 17, 1796, in the bark *Hope*, for Glasgow, where he attended lectures, and also at Edinburgh, where he was diligently engaged in the hospitals with eminent physicians for four months. He sent and brought home many books and instruments which he thought indispensable for his future work of teaching. He arrived at Boston on the ship *Apollo* about September 10, 1797, and that fall delivered his first course of lectures.

The honorary degree of Master of Arts was conferred upon Mr. Smith in 1798 by Dartmouth college. A Professorship of Anatomy, Surgery, Chemistry, Materia Medica, and Theory and Practice was created, and Mr. Smith was immediately chosen to perform the almost incredible duties of this office with little prospect of proper pecuniary compensation.

In 1799 a small room in Dartmouth Hall was set apart for Professor Smith, which served as lecture hall, dissecting-room, laboratory, and library. In 1803 another room was provided for the same purpose, and these two were used till the present building was erected in 1811, which was accomplished by assistance from the legislature on the condition that Dr. Smith would furnish a site for the building and assign to the state his anatomical museum and chemical apparatus.

Notwithstanding his indefatigable efforts in the cause of medical education, and that he gave one acre of land for the site of the medical building and assigned his anatomical and chemical apparatus to the school, the legislature refused to reimburse him for a deficiency in the appropriation in the sum of one thousand two hundred and seventeen dollars and fourteen cents, which he had secured to be paid to the contractors.

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In 1801 he received the degree of M. D. from Dartmouth, and in 1811 the degree of M. D. was conferred upon him by Harvard. Nathan Smith was President of the New Hampshire Medical Society in 1812, and during the same year Yale college determined to establish a medical department, and Dr. Smith was called to take the foremost place in this school.

He accepted the appointment of Professor of Theory and Practice of Medicine and of Surgery, commencing his lectures in 1813, when fifty-one years old, which he continued annually through life. His resignation at Dartmouth was not accepted till 1814. He was reëlected in 1816, but declined the election, gave a final course of lectures in 1816, and removed to New Haven in the spring of 1817.

In the spring of 1821, Dr. Smith was called to organize the medical school at Bowdoin college, and from 1821 to 1825 he gave all the lectures except in chemistry and anatomy, from which he was relieved after the first two years. He also gave four courses of lectures, from 1822 to 1825, on medicine and surgery at the University of Vermont. To him more than to any other man, it is believed, may be ascribed the rapid increase in the advantages for medical education in America at this date.

Dr. Smith was famous for his success in surgery, and originated new methods and operations. It is asserted that he was the first in America to perform staphylorraphy, and it is recorded that he performed an original operation of ovariotomy at Norwich, Vt., on July 5, 1821, entirely without the knowledge of the fact that he had been preceded by McDowell in 1809. He was the first in this country (in 1824) to amputate at the knee joint, the patient making a prompt and thorough recovery. Dr. Smith's name is intimately connected with the history of the treatment of dislocation of the hip by manipulation or manoeuvre. Although some such a procedure had been mentioned by Hippocrates and others, he was one of the first in this country to teach and practise this method as early as 1815, and perhaps earlier. In 1824, while testifying in court under oath, he affirmed, "I do not think that the mechanical power, such as the wheel and axle or the pulleys, is necessary to reduce a dislocated hip or any other dislocation."

He left no written account of his views and methods, but his

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son, Dr. Nathan R. Smith of Baltimore, has fully and clearly given them in a memoir of his father, in 1831, and discussion elsewhere has fully proved that numerous surgeons who were students of Dr. Smith's, were in the habit of reducing dislocations in this manner as taught by him.

He devised and introduced a mode of amputating the thigh, which, although resembling methods that had been previously used, is sufficiently original to bear his name. He developed important scientific principles in relation to pathology of necrosis, on which he founded a new and successful mode of practice.

The first application of the trephine for inflammation and abscess of bone, threatening to pass into necrosis, is generally ascribed to Sir Benj. C. Brodie. The credit of priority, however, is justly due to Professor Nathan Smith, who performed the operation as early as the latter part of the last century.

The publications of Dr. Smith are not numerous. One of the most important and best known is a Practical Essay on Typhus (Typhoid) Fever, which has been stated to be the first comprehensive description of typhoid fever written, antedating by many years the discoveries of Louis in the hospitals of Paris. He edited, with copious notes, A Treatise on Febrile Diseases by A. P. Wilson Phillips.

Though he labored sufficiently for earning three fortunes, he died leaving none. He was more extensively known in New England than any other medical man, or, indeed, than any man of any profession. The assertion that he has done more for the improvement of physic and surgery in New England than any other person will by no one be deemed invidious, and his influence over medical literature was equally extensive through his large acquaintance with medical men, both by his advice and example, as well as more directly through the medium of the various medical schools which were favored with his instruction.

When deeply interested in an operation, Dr. Smith was wont to soliloquize or think aloud, without consciousness that he was giving utterance to his thoughts. On one occasion he was operating for strangulated hernia, the bed being surrounded by anxious friends. On cutting through the abdominal wall he discovered a peculiar odor, and immediately his usual soliloquy began, as follows: "What! what! have I cut a gut? I have:

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I have cut a gut! They might as well make his coffin now as ever." He completed the operation with a perfectly unmoved face, utterly oblivious that he had said anything. He then called the friends into another room, and with a grave face announced to them that the case was a bad one, and that he was a little afraid the man might die.

HALL JACKSON.

Hall Jackson was the son of Dr. Clement Jackson, and was born in Portsmouth. He studied with his father, and afterwards went to London for three years, and while there received honorable notice for an ingenious invention by which a ball was extracted from a gun-shot wound, which had baffled the skill of all the surgeons. After his return to Portsmouth he became eminent as a surgeon. No operation of importance was performed for miles around without consulting him, and seldom without his aid.

He was the first surgeon who ever attempted, in this part of the country, if not in America, the operation of couching the eye—an operation he frequently performed, and always with success.

He was the first surgeon of his country, it is believed, who introduced the method of healing wounds by the first intention, and if it was not till the practice had been tried in Europe, with him it was entirely original, and the result of experiment and observation. Harvard University conferred upon him the degree of M. D. in 1793. He was one of the original founders of this Society. He died September 28, 1797, in the fifty-eighth year of his age.

R. D. MUSSEY.

Another name which stands out prominently in the history of surgery in this country, and is inseparably connected with that of New Hampshire, is that of Reuben Dimond Mussey. He was born in Pelham, N. H., June 23, 1780, and died in Boston, Mass., June 21, 1866. His advantages for an early education were limited, but, by working on a farm in summer and teaching school in winter, he fitted for college at the acad-

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emy at Amherst, to which town his father, Dr. John Mussey, a respectable physician, had moved when Reuben was nine years old. At the age of twenty-one he entered the Junior class in Dartmouth college, in 1801.

He graduated in August, 1803, and immediately became a pupil of Dr. Nathan Smith's. The following summer he was a teacher in the academy at Peterborough, and studied with Dr. Howe, of Jaffrey. He completed his studies with Dr. Smith, and the degree of Bachelor of Medicine was conferred upon him in August, 1805, and the September following he began practice in Ipswich, now Essex, Mass., where he successfully practised for three years, and then went to Philadelphia for study for a period of nine months, and graduated as a Doctor of Medicine at the University of Philadelphia in 1809.

Dr. Mussey then settled in Salem, Mass., where he soon became associated with Dr. Daniel Oliver, subsequently a professor in Dartmouth Medical College, where he remained five or six years. In 1812, Dartmouth bestowed upon him the degree of M. D., and he was appointed Professor of Anatomy and Surgery, which chair he held to the close of the session of 1838. In 1814 he was called to the chair of Theory and Practice of this school, and lectured on chemistry, materia medica, and obstetrics. In the summer of 1818 he lectured on chemistry in the college at Middlebury, Vt. In 1829, Dr. Mussey went abroad for several months, visiting the hospitals and museums of Paris and London, and became acquainted with many prominent men. It was at this time that he took with him an anatomical specimen of intracapsular fracture, to prove that union was possible in such cases, contrary to the teaching of Sir Astley Cooper and the generally accepted belief at that time. From 1831 to 1835 he filled the chair of Anatomy and Surgery at Bowdoin college. In 1836 and 1837 Dr. Mussey delivered lectures on surgery in the Medical College at Fairfield, New York. In 1837 professorships were tendered him in New York city, Cincinnati, and Nashville, Tenn. He accepted the call to Cincinnati, and for fourteen years was the leading man in the Ohio Medical College.

He then founded the Miami Medical College at Cincinnati, labored assiduously for its good six years, and then retired from

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active professional life, removing to Boston, where he spent the remainder of his days. Dr. Mussey possessed much mechanical ingenuity. There is a clock still in possession of his descendants, which he made with his own hands, and it is said that when he went to college he wore a pair of boots made by the same industrious fingers. As a surgeon, he was bold, fearless, and skilful.

September 20, 1827, he ligated the left common carotid, for an erectile tumor of great size, of the scalp, and on October 2 tied the right carotid on the same patient. These operations failed to cure the disease, though they had the effect of reducing the tumor to about one third of its original volume. In consequence of its again enlarging, and exhibiting a pulsatory movement, it was removed by incision on November 2 of the same year. In this operation, which occupied more than an hour, notwithstanding that not more than an inch and a half of the scalp was divided at a time, and that immediately upon division firm compression was made upon each lip of the incision while the vessels were secured by ligature, yet blood to the amount of two quarts was lost, and the application of more than forty ligatures was required. Complete recovery followed, and the patient was living in 1869 at Hanover. But the specimen of the carotids has since been procured, and serves as one of the many interesting preparations with a history in the museum at Dartmouth. It has been stated that this is the first recorded instance where both carotids were successfully tied. (Some authorities, however, award priority to Dr. McGill, of Maryland, it being stated that he successfully ligated both carotids in 1823.)

This operation gave Dr. Mussey great fame at home and abroad.

He removed with success an ovarian tumor, when the operation had been performed only a few times in the world.

He extirpated a boy's tongue, which measured eight inches in circumference and projected five inches beyond the jaw, and the patient recovered.

He removed the scapula and a large portion of the clavicle at one operation, from a patient on whom he had previously amputated at the shoulder joint.

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He several times removed the upper and a portion of the lower jaw. Dr. Mussey kept no extended records of his operations, but it is recorded that he performed lithotomy forty-nine times, with but four deaths; strangulated hernia, forty times, with only eight fatal results; subcutaneous deligation in forty-five cases of varicocele, all successful; four times for perineal fistula, twice for impermeable stricture of urethra, and did a large number of plastic operations with the best results. He also successfully treated a recta-vaginal fistula.

He was twice president of the New Hampshire Medical Society, 1824 and 1834.

Besides his medical degree, he was honored with the degree of A. M. from Harvard in 1806, and LL. D. from Dartmouth in 1854.

I have recently received, through the hands of our secretary, a letter from Dr. Phineas Spaulding, of Haverhill, N. H., who is ninety-two years of age. The following is a postscript to his letter, and bears some relation to the subject of intracapsular fracture:

"In the *New England Medical Journal*, printed at Boston, I published a case October, 1827, of successful treatment of intracapsular fracture of the neck of the bone of the hip joint. The man died several years after, and I made an examination, and found the fracture as I supposed, and a perfect ossific union. The fracture was a little oblique, the neck of the bone shortened and enlarged at the fracture. This I reported in the *Boston Medical and Surgical Journal*. I had been taught by Professor Mussey, who followed Sir Astley Cooper in his work in fractures and dislocations, that ossific union could not be obtained in cases of fractures within the capsular ligament; only ligamentous union could be expected. In this report I endeavored to show that Sir Astley was mistaken in his views and teachings, and that my case was a full demonstration. I had been in practice only two years when I had this case. I do not claim that I was the first surgeon in this country who had been successful in a case of intracapsular fracture, but I have thought I was the first that reported a successful case, and entirely disagreed with the public sentiment and teachings in the profession. Some years after this, Dr. Mussey obtained a specimen where ossific union had taken place within the capsular ligament; he carried the bone to England and showed it to Sir Astley Cooper, who acknowl-

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edged that he had been mistaken in his teachings. I believe that for many years Sir Astley's views have been repudiated by the profession, and that under favorable circumstances and appropriate treatment we have reason to expect a perfect cure in cases of intracapsular fracture of the hip joint. The profession at this time have appliances which I did not possess. I had to invent my apparatus to keep up constant extension for about three months."

AMOS TWITCHELL.

Reputation places upon the roll of noted surgeons of New Hampshire the name of Amos Twitchell, of Keene. He was born in Dublin, N. H., April 11, 1781, and died at Keene, May 26, 1850. After limited advantages at the public schools and some private instruction, he entered Dartmouth college in 1798, at the age of 17, where he sustained high rank as a scholar, securing his degree of A. B. in 1802. He immediately began the study of medicine with Dr. Nathan Smith, devoting himself especially to the study of practical anatomy, which in those days required courage and defiance of public opinion and law to obtain the material for such a pursuit. The degree of M. D. was given him in 1805, and he at once began practice at Norwich, Vt., where he became discouraged and despondent over his poor success, and after two years removed to Marlborough, N. H.

It was soon after this that he performed the most important operation of his life, that of tying the right common carotid artery successfully. This operation was performed on the person of John Taggert, of Sharon, N. H., October 18, 1807, for secondary hemorrhage following a pistol shot wound. The doctor was in the home of the patient at the time of the hemorrhage, and, with no other assistance than the mother of the patient, he ligated the vessel about half an inch below the bifurcation. This case of ligating the common carotid with successful result was done eight months prior to the celebrated case of Sir Astley Cooper, to whom is often awarded the honor of showing that this artery might be ligated with impunity.

Mr. Fleming, an English surgeon, tied this vessel with success in 1803, but the case was not published till 1817.

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Abernethy tied the common carotid in 1798 with fatal result. So that this daring young country surgeon did this operation without any preparation, with only an agitated mother for a sole assistant, and without the knowledge that it had ever been successfully performed; and it was asserted by himself that he had never seen any account of its having been attempted before his operation, but he had suspected that it might be done safely from experiments upon animals.

Therefore, Amos Twitchell of New Hampshire was as much a discoverer of the operation as Abernethy, Sir Astley Cooper, or Mr. Fleming. In 1810, Dr. Twitchell removed to Keene, where he spent the remainder of his life. His constantly increasing reputation gave him a large practice, and he soon stood at the head of his profession in that part of the country. For more than forty years he was the chief surgeon in a large region of country, and the performance of the common work of surgery was of almost daily occurrence.

He performed lithotomy several times, and trephined the tibia for abscess of that bone. In the winter or spring of 1838 he removed the entire arm, scapula, and a portion of the clavicle for malignant disease, with perfect success, although the patient died some six months afterwards of the malignant disease.

Dr. Twitchell was a man of strong individual opinions, and never feared to assert them. He abhorred intemperance and detested tobacco. He was abstemious in his diet, and believed that he cured himself of a severe acne and years of asthma by a vegetable diet. When about fifty-eight years of age, a small hard tumor appeared at the internal angle of his right eye and assumed a malignant character. Various plans of treatment were adopted for a long time without benefit, and then the tumor was excised, but did not heal. It was again operated upon, but again became very troublesome, and after consulting many eminent surgeons, all of whom considered the disease of a serious nature, he resolved to give up medicine, external or internal, and try a most rigid course of diet. He accordingly adopted a bread and milk diet, and used from four to six ounces of cream, or the richest milk, daily, and the same amount of white or brown bread. The pain soon began to lessen, as well

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as the size of the ulcer, and in less than two years' time the diseased mass had entirely disappeared, after existing about ten years.

He always attributed the cure to the diet as a true *propter hoc;* and it is more than probable this diet theory was not first thought of in his own case, but had gradually developed through his years of observation. Dr. Twitchell was president of this society in 1827, and, as further indicating his ability, it is recorded that he was offered a professorship at Dartmouth in 1819, Castleton, Vt., in 1824, Bowdoin in 1826, University of Vermont in 1827, but declined them all.

WILLIAM PERRY.

One of the prominent surgeons of Eastern New Hampshire was William Perry, M. D., of Exeter, N. H. He was born in Norton, Mass., December 20, 1788, and died at Exeter, January, 11, 1887, almost a centenarian. He graduated from Harvard college in 1811, and the Medical School in 1814, after which he settled at Exeter, where he practised till a few years before his death.

In 1835–'36 he lectured on the Theory and Practice of Medicine at Bowdoin, and later declined a professorship there. Besides his eminence as a surgeon, he became an expert in insanity, and was the first to suggest the erection of our state Asylum for the Insane, of which he was a director till 1878. He was often called into court to testify in cases involving mental alienation, as well as in cases relating to surgery.

He operated five times successfully for strangulated hernia after reaching his 87th year, and once again with success when he was 92. He became a member of this Society in 1823.

A noteworthy incident in his early days was his being a passenger in Robert Fulton's steamboat, "The Clermont," in its first trip down the Hudson.

CHARLES A. CHEEVER.

Charles A. Cheever, M. D., son of Dr. Abijah Cheever, of Boston, was born on the first day of December, 1793, and died at Saugus, Mass., September 22, 1852. He entered Harvard Uni-

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versity in 1809, and graduated in 1813, and immediately entered his name as a student of medicine with Dr. John Warren. After Dr. Warren's death, he became a student of Dr. John B. Brown, of Boston, under whom he had large opportunities for clinical study. After taking his medical degree, he made a voyage to the West Indies, mainly for the purpose of introducing vaccination as a prevention of small-pox, taking with him a healthy Irish boy just vaccinated to furnish the virus which was to constitute his capital. In the autumn of 1816, Dr. Cheever established himself in the practice of medicine at Portsmouth, where he continued till within a few months of his death. For his profession, Dr. Cheever possessed a singular aptitude of mind. His powers of observation were peculiarly keen; and his diagnosis and prognosis of diseases were characterized by their intuitive quickness and their almost unfailing accuracy.

He was prudent, prompt, and gentle in his practice, and no emergency found him unprepared. He won great popularity, and stood in the front ranks of professional reputation. The name of Cheever became a household word in his community, and to this day his name is often spoken with tenderness and respect for his noble character. The name of Cheever is even still more prominent throughout New England to-day, through a son of the subject of this sketch, the distinguished surgeon Dr. David W. Cheever, of Boston, Mass.

Dr. Charles A. Cheever did the surgery of a large circuit for over thirty years. He made repeated and fresh dissections, obtained with difficulty and shared with the students whom he always had in his office. He made many anatomical injections and preparations, and excelled in mechanical pursuits. He had a turning lathe; he moulded and cast in plaster; he daguerreotyped, being among the first to use the process.

He was a great student, and developed that character "*totus teres atque rotundus*," which distinguished the self-reliant and evenly developed physician. It argues well for his sound equipoise and for his boldness, that he adopted and tried new operations at a very early date, or as soon as made public. He trephined and then opened the dura mater for abscess, and with success. He couched for cataract, and cut for stra-

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bismus, and when Dieffenbach published the result of subcutaneous surgery he promptly did tenotomies, and all this when distant from large medical centres, practically alone and unaided,—his knowledge gotten from his own dissections, his success due to his own audacity.

He became a Fellow of the New Hampshire Medical Society in 1825.

JOSIAH CROSBY.

There is no name so fully identified with the practice of surgery in New Hampshire as that of Crosby. Our roster shows a membership of seven Crosbys, beginning with Asa Crosby in 1810, all of whom have passed away, leaving an imperishable reputation for their skill. Dr. Asa Crosby, of Sandwich, and subsequently of Gilmanton, was the progenitor of these generations of medical men, and, we are told, was eminent both as a physician and surgeon for forty-six years.

Josiah Crosby, of Manchester, was a man possessed of a quiet dignity of character, had rare ability as a surgeon, and was the leading man in his community. Although he performed with the knife the most difficult operations of the day, it was in the treatment of fractures that he possessed the greatest skill. He was the inventor of the well known Crosby fracture-bed, which in many cases gives so much comfort to the invalid as well as to the surgeon. His chief discovery, however, was the application, in 1849, of adhesive straps for the purpose of extension, which succeeded so admirably that he gave the benefit of his experience by publishing his cases. Because of this, to distinguish him from the other Crosbys he was given the cognomen of Sticking Plaster Crosby. He became a member of our Society in 1818, and was president in 1850.

DIXI CROSBY.

Previous to his demise, whose name, face, form, and manner were more familiar to the profession of New Hampshire than those of Dixi Crosby? He was the son of Dr. Asa Crosby, and was born February 9, 1800, in the town of Sandwich. He died, after nearly fifty years of active practice, at Hanover, September 26, 1873. His memory will long be

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cherished by many in this state, as well as by many scattered through the length and breadth of the land, as that of a skilful surgeon, an intelligent and reliable counsellor, a faithful teacher, and a genial friend. His early education was obtained at the public school. He had two terms at the academy at Gilmanton, where his father moved in 1821, and it is related that his love of the study of practical anatomy often enabled him successfully to overcome the obstacles which beset the way, in those days, of the searcher for knowledge in this field. He attended medical lectures at the New Hampshire Medical Institution, and from it received the degree of M. D. in 1824.

His first surgical operation was an amputation of a thigh in his student days. After a consultation, held by his father and other doctors, it was decided the patient could not bear the operation. The great interest shown by the young man caused the patient to ask, "Young man, did you ever cut off a leg?" "No, sir, but I should like to." "Will you cut off mine if I will let you?" "Yes, sir." "Well, young man, if I live till morning, you shall cut it off." He performed the operation with his father's assistance, and the patient made a good recovery.

He remained in Gilmanton ten years, made a reputation as a surgeon, and received many pupils in medicine. In 1835 he removed to Laconia, where he practised for three years. It was while residing here, in March, 1836, that he performed an operation which for all time will make his name famous, it being the first operation of the kind in the history of surgery. The patient was a middle aged man, with a large osteo-sarcoma involving both the scapula and clavicle, and the operation consisted of the removal of the arm, scapula, and two thirds of the clavicle. An eye witness of the operation says,—"The operation was simply awful: no ether, patient attenuated to the last extremity, with eyes sunk in their orbits, face lean, rough, and wild in its expression,—at every touch of the knife gave a look of agony not equalled in its effect on those who witnessed it by even the sardonic grin of death itself." The operation was a perfect success, and in June he was exhibited to the State Society, having increased in weight to nearly two hundred pounds. It is a singular fact that three

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New Hampshire surgeons should have, in as many successive years, performed this rare operation—Dixi Crosby in 1836, Mussey in 1837, and Twitchell in 1838.

In 1838, Dixi Crosby was invited by Dr. Mussey to take the chair of surgery and obstetrics in Dartmouth college, to which he was shortly elected by the trustees of the college, a position which he held till 1868, when he resigned the chair of surgery in favor of his son, Dr. A. B. Crosby, but he held the chair of obstetrics till 1870, thus terminating an active connection of thirty-two years with the school.

Every surgeon has occasionally experienced great difficulty in reducing dislocations of the thumb and fingers, especially the former. Dr. Dixi Crosby, as early as 1824, adopted what was then a novel method, consisting simply in pushing the luxated phalanx forcibly back upon the metacarpal bone until it forms a right angle with it, when by strong pressure applied to its base from behind, forward, it is rapidly carried by flexion into its natural position.

Dr. Crosby was a bold but careful, though not a brilliant, operator. There was no attempt at display, and the writer well remembers his admonition to his class, "An operation is soon enough done when well enough done." Another of his precepts, which is familiar to every student who ever sat in his lecture-room, was, "See with your own eyes, feel with your own fingers, judge with your own judgment, and be the disciple of no man."

He performed most of the capital operations of surgery, and it is remarkable that the most of them were done by him before he had ever witnessed their performance by others. When chloroform in surgery was first introduced, Dr. Dixi Crosby went to Boston to study its effects, and was one of the first surgeons in New Hampshire to employ it in his practice. I believe he always used chloroform in preference to ether, and it is interesting to know that in all his operations there never occurred a single accident from its administration. He left no complete record of his surgical work, which must have exceeded that of any man in New Hampshire.

He was president of this Society in 1842 and in 1845, served one or two terms in the legislature, and during the war was

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for two years examining surgeon in the provost marshal's office. He was an agreeable man, a practical teacher, a noted surgeon, whose death closed a life of success and honor.

The writer remembers hearing Dr. Crosby tell his class that some of his New York friends had given him the name of "Elbow Crosby," to distinguish him from his brother Josiah, whom they styled "Sticking Plaster Crosby." This, I believe, was because Dr. Dixi claimed some originality, or peculiar method, in the treatment of anchylosis of the elbow by forcibly breaking up adhesions in that joint.

WILLIAM D. BUCK.

William D. Buck was born in Williamstown, Vt., March 25, 1812, and died at Manchester, January 9, 1872. He received the degree of M. D. from the College of Physicians and Surgeons, New York, in 1842. He practised in Concord four years, then went to Europe, visiting London, Paris, and Rome. On his return he settled in Manchester. When the writer became a member of this Society, Dr. Buck's active mind and his energetic and incisive manner made him one of the most noticeable members at the meetings.

He acquired an enviable reputation as a surgeon, and his name is introduced here to mention that he was the first, it is believed, to use the glue bandage or splint in fractures, although it has been claimed by others. It is probable that he began the use of these splints as early as 1850, or earlier.

He was president of this Society in 1866, and in his address at that time he described the method of making the glue splint.

E. R. PEASLEE.

These brief annals of the surgical history of New Hampshire can furnish no more impressive type of the industrious, conscientious, scholarly man, than we find in Prof. Edmund Randolph Peaslee. Those of us who knew him cannot well forget his calm, peaceful face, quiet manner, and thoughtful words in the lecture-room. Tall, thin, and pale, with very white hair, and a voice in keeping with his physique, he gave the impres-

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sion of feebleness. But his powers of endurance were as great as those of many a robust looking man. His serious face would light up in conversation or argument with a surprising quickness, showing the enthusiasm and earnestness of the man.

Dr. Oliver Wendell Holmes, in describing his appearance in 1841, said,—"He looked then as if his circulating capital might be a hundred or two red globules, with twice as many white ones in half a pint of serum; yet he outlived scores of prize-fighters, and looked better when I saw him some months ago than as I remembered him then."

Edward R. Peaslee was born in Newton, N. H., January 22, 1814, and died from pneumonia, January 21, 1878, in New York city. He was educated at New Hampton and Atkinson academies, and graduated at the head of his class from Dartmouth in 1836. He was principal of the academy at Lebanon for a year, and was tutor at Dartmouth for two years, attending medical lectures at the same time. He then entered the medical department at Yale, and received his degree of M. D. from the college in 1840. He then went to Europe for study, but was called home the following year to give a course of lectures on anatomy and physiology at Dartmouth Medical College, and from this time till his death he was connected with this college as lecturer, his last chair being that of gynecology. In 1841 he settled in Hanover to practise his profession. In 1843 he was appointed Professor of Anatomy and Surgery at Bowdoin college, which position he held for seventeen years. In 1851 he was made Professor of Anatomy and Physiology in the New York Medical College, and about that time became editor of the *American Medical Monthly*. In 1853 he was transferred to the chair of physiology and general pathology, at which time he was almost the pioneer in this country in teaching the use of the microscope.

Later he was appointed lecturer in obstetrics and diseases of women in the same college. In 1858 he moved to New York city, and resigned his positions in the Maine and New York schools in 1860, devoting himself to his large practice and lectures at Hanover. Dartmouth conferred upon him, in 1859, the degree of LL. D., and he was elected a trustee in 1869.

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From 1858 to 1865 he was the attending physician for diseases of women at Demilt dispensary, and it was probably his large experience here which caused him to be one of the first to appreciate the importance of gynecology, and to attain an eminent position in this department of medicine. During the war he was surgeon in the New England hospital in New York, and the New York state hospital. In 1872 he was appointed attending surgeon to the women's hospital of the state of New York, and was professor for a short time at the Albany Medical College. In 1874 he was appointed Professor of Gynecology in Bellevue Hospital Medical College, which chair he occupied until the time of his last illness.

Prof. Peaslee was an efficient and prolific writer, and his numerous literary contributions stand in evidence of his marvellous industry and active mind. Among his most important writings may be mentioned his work on Human Histology, published in 1855, and the first systematic treatise of the kind in the English language. In 1860 he published papers on "Uterine Displacements, Ovarian Tumors and their treatment other than by ovariotomy." In 1864 he read a paper on "Ovariotomy," and subsequently wrote upon "Ovariotomy, when and how to perform it," "A History of Ovariotomy," "A sketch of the life of Dr. Ephraim McDowell," "Intra-Uterine Medication," "Intra-Peritoneal Injections," "Congestions and Inflammations of the Uterus;" and in 1876 he read a paper "On Incision and Discision of the Cervix Uteri," which was subjected to the severest criticism, but which had a most salutary effect in checking the too common and reckless fashion of slitting the cervix uteri. In 1872 he published the crowning work of his life, "Ovarian Tumors: Their Pathology, Diagnosis, and Treatment," which at that time was the most systematic and complete treatise upon this subject, and is an acknowledged authority upon the subject to-day, and a monument of original investigation.

Besides his reputation as a gynecologist, he had won distinction as a surgeon by performing many important operations. In 1851 he accomplished the successful removal of both ovaries. This operation was the first recorded case of the success-

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ful removal of both ovaries through one large abdominal section. The patient was a young lady of West Claremont, N. H., and Dr. H. T. Hanks, in his obituary of Dr. Peaslee, states that she was the niece by marriage of the first patient on whom ovariotomy was performed in America. This is, of course, an error, for McDowell operated in 1809, and in a state remote from New Hampshire. It is probable that the case referred to was the original operation of Dr. Nathan Smith, which, as I have stated, was performed at Norwich, Vt., on July 5, 1821. Prof. Peaslee related, in the *New Hampshire Journal of Medicine* for 1851, the method of diagnosis, giving a minute description of every step of the operation, and a careful history of the after treatment. His experience led him to introduce new methods into the technique of the operation, and as early as 1855 he adopted the practice of draining the peritoneal cavity by creating an opening per vaginam, and he was the first (in February, 1855) to adopt the valuable method of washing out the peritoneal cavity, using solutions of chloride of sodium and liquor sodae chlorinatae, repeating the operation once or twice daily, with a successful result. In 1868 he performed the operation of extirpation of the kidney on account of destructive disease of that organ, which was the second time it had been done in this country.

Prof. Peaslee was a diligent student up to his last days, and was familiar with the German, Spanish, French, and Italian languages. He could attentively listen to a conversation and write upon another subject at the same time, and always read while riding from house to house in his daily rounds. And as further evidence of the high position which Dr. Peaslee held in the profession, it may be stated that he was president of this Society in 1851 (having been admitted in 1842), president of the New York Academy of Medicine, of the Medical Society of the County of New York, of the New York Obstetrical Society, New York Pathological Society, and at the time of his death was president of the American Gynecological Society, trustee of Dartmouth college, trustee of the New York Academy of Medicine, corresponding fellow of the Obstetrical Society of Berlin, and honorary fellow of the obstetrical societies of London, Boston, and Louisville.

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THOMAS RUSSELL CROSBY.

Thomas Russell Crosby was born in Gilmanton, N. H., October 22, 1816, and was the ninth son and twelfth child of Dr. Asa Crosby, and the half brother of Drs. Josiah and Dixi Crosby. He died at Hanover, March 7, 1872. Gilmanton academy gave him a good early education. He studied medicine while pursuing his academic course, and graduated with honor at Dartmouth college, July, 1841, receiving his medical degree from the same institution in the autumn of the same year.

He began practice in Campton, and finally settled in Manchester in 1843, where he entered upon a large practice, which he was soon obliged to relinquish because of ill health from lead poisoning in its worst form. He removed to Hanover in 1852, became interested in journalism, and gave instruction in the various branches of natural history.

He was Professor of Chemistry in the State Agricultural College and Norwich University. His health had so far improved that in 1858 he engaged in general practice, and at the beginning of the Rebellion he was commissioned brigade-surgeon, and placed in charge of the Columbian College hospital near Washington, of which he had control till it was closed, when he received the brevet of colonel U. S. volunteers.

Although the lead poisoning had deformed and rendered partially useless his right hand and wrist, he performed his own operations in the hospital with skill and success. The most notable operation of which I find any record is that of ligation of the common carotid, in 1864, for gunshot wound through left temporal bone, which was successful, although on account of secondary hemorrhage he tied the artery again.

He was eminently conservative as a surgeon, never operating save under the most encouraging circumstances. The record of New Hampshire surgeons in tying the common carotid has been a brief but fortunate one. Mussey's ligation of both carotids in 1827, successful; Twitchell in 1807, ligation of right carotid, successful; T. R. Crosby in 1864 ligated the common carotid, successful; and in 1880, Dr. L. B. How of Manchester tied the right common carotid for cirsoid aneurism with a

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successful result. As the mortality after this operation has been given at forty-one per cent., this list presents results worthy of attention at this time.

He was admitted to this Society in 1842.

ALONZO F. CARR.

Alonzo F. Carr was born in Goffstown, N. H., October 26, 1817, and died in the same town December 16, 1887. He received his medical diploma from Dartmouth in 1839. He was a member of this Society for forty-seven years, and its president in 1879.

The most of us can recall his quiet, unassuming manner and thoughtful face, and his deliberate words of good judgment whenever his opinion was expressed at our meetings. He had unlimited capacity for work, enjoyed an extensive practice, and was a most reliable physician to his patients. He acquired at home, as well as in other sections of the country, some repute from the invention of Carr's splint for Colle's fracture of the radius. There are many surgeons who can testify to its simplicity and comfort, and to its satisfactory results in this somewhat troublesome injury.

ALBERT H. CROSBY.

Albert H. Crosby, the eldest son of Prof. Dixi Crosby, was born in Gilmanton, April 23, 1825. He graduated from the academic department of Dartmouth college in 1848. He studied law, and began its practice at Francestown, afterwards moving to New York, and then to Connecticut.

Finding himself, through ill health, unable to continue in his chosen profession, he determined to study medicine, and took the degree of M. D. in 1860 at Dartmouth, and settled at Wells River. In 1862 he was appointed assistant surgeon of Columbia hospital, at Washington, D. C., and was subsequently detailed as surgeon of the Thirteenth Regiment Veteran Reserves.

In 1863 he was assistant to his father in the provost marshal's bureau, and finally post-surgeon and in charge of the hospital at the Rendezvous Camp at Concord.

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At the close of the war he settled in Concord, where he spent the remainder of his life. He was president of this Society in 1883, having joined the society in 1871. Like his father, he had a remarkable aptitude for surgery, and performed many difficult operations, winning the reputation of a cool, bold, self-poised, and dexterous operator. He died at Exeter, at the residence of his son-in-law, September 5, 1886.

A. B. CROSBY.

"God bless us, every one." Such was the benediction bestowed upon us by our honored president fourteen years ago, whose death only a few weeks later gave such a painful shock to us all, and cast such a gloom wherever that genial, brilliant man was known. To those who knew him, no words at this time are necessary to remind them of his reputation as a surgeon or of his preëminent qualities as a man, but for the purpose of record, let it be said that he had won a national repute, and, but for his untimely death, would have attained additional fame as one of the few most distinguished men of his day in the profession.

I refer to Alpheus Benning Crosby. He was the son of Dixi Crosby, who for forty years was *facile princeps* the surgeon of New Hampshire, and was born in Gilmanton, N. H., February 22, 1832. He died at Hanover, August 9, 1877. At the age of six years, when his father was appointed to the chair of surgery at Dartmouth, he left Gilmanton for Hanover, and for a large part of his life he knew no other home. His preparatory education was obtained near by this home, and the active mind was early shown in the construction of a locomotive, and by his familiarity with chemistry, electricity, and natural history.

From an early age he became acquainted with the scenes of a surgeon's life by often acting as assistant to his father, and on graduating from Dartmouth in 1853, he pursued the study of medicine in his father's office. He attended lectures at Dartmouth, and at the College of Physicians and Surgeons in New York, and was interne at the U. S. Marine hospital at Chelsea, Mass. His degree of M. D. was conferred by Dartmouth in 1856, and he was immediately made Demonstrator of

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Pathological Anatomy in this school, an office he held for five years. In 1861 he was appointed surgeon of the First New Hampshire Volunteers.

He was then commissioned brigade-surgeon of U. S. Volunteers, and soon became medical director on the staffs of Generals Stone, Casey, Sedgwick, and Peck. To him is due the credit of having originated and erected, August–October, 1861, at Poolesville, Md., the first complete military hospital, on the modern pavilion plan, that was built during the Rebellion. At the close of the Peninsular campaign he resigned his position in the army, and, although at once reappointed medical director, he returned to Hanover, and in the autumn of 1862 he was made Adjunct-Professor of Surgery at Dartmouth. In 1865 he accepted an appointment to the chair of surgery in the University of Vermont, and a similar position in the University of Michigan, both of which he ably filled for several years. In 1870, upon the resignation of his father, he was called to the chair of surgery at Dartmouth, still continuing his work at the other schools. He also delivered a course of surgical lectures at Bowdoin college during the same year. In 1871 he accepted the appointment of surgical professor in the Long Island Medical College, and of visiting surgeon to its hospital.

In 1872 he was invited to a professorship in the New York University, and also of that of surgical anatomy in Bellevue Hospital Medical College in New York city. The former of these he declined, but he accepted the latter, and retained it until his death. After the resignation of Dr. Pancoast in 1873, Dr. Crosby was invited by the trustees of Jefferson Medical College, Philadelphia, to accept the chair of anatomy. Although this offer was declined, it may be reckoned the crowning honor in his wreath of professional laurels. Well may his eulogist ask, What other young medical man of our time, at the age of thirty-eight, ever enjoyed the distinction of holding professorships in five prominent medical schools at once, and of declining, when scarcely in his fortieth year, two other positions equal in honor with those he chose to accept?

As an instructor, it has been said he was without a peer, and those of us who have been members of his classes can readily bear testimony to his charming manner, his thorough-

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ness of treating the subject under consideration, and the painstaking, almost friendly, interest, which he manifested for his students.

Dr. Crosby's skill, dexterity, and reputation as a surgeon placed him in the front rank of this department of medicine.

Although no complete records of the unusual amount of work he performed as an operator are in existence, it may be stated that in the twenty-one years of his practice he operated more times than any other surgeon of his age in New England, performing without exception every capital operation known in surgery, and many of them more than once. The subject of his first ovariotomy was living at the time of his death. He performed lithotomy repeatedly and successfully, on one occasion operating twice in a single day. His cases of amputation at the hip-joint, and of necrosis of the large bones, were numerous and generally successful. He was not a rapid operator, and conservatism in surgery was his practice and pride; he was a firm believer in his father's maxim, "soon enough done, when well enough done."

Of Dr. Crosby's ability as a writer, our Transactions bear repeated evidence. He possessed a brilliant mind, and wielded a facile pen, which, with his wondrous social talents and aptitude for ready speaking, made him a great favorite, and his presence was much in demand on public as well as private occasions. His popular lectures in the Cooper Institute in 1876–'77 were marvels of wit and common sense. The two most successful were "The Foot" and "The Hand."

He addressed medical societies, and societies of the bench and bar. He was elected a member of clubs and associations without number. His presence was sought at anniversaries, receptions, and dinner parties. He was called upon to furnish inaugurals and farewells, and he contributed to magazines and reviews.

The last two years of his life were years of incessant toil, and his great versatility induced him to undertake one task after another till his overtaxed nervous system developed the disease which removed from us so unexpectedly a Fellow of such rare qualities and attainments.

He became a member of this Society in 1858.

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GEORGE AVERY CROSBY.

George Avery Crosby was born in Lowell, Mass., December 27, 1831, and died in Manchester, January 30, 1888. He became a member of this Society in 1863, and was its president in 1886. He was the last of the Crosbys, who had for generations been illustrious in the medical profession, and all especially conspicuous for their skill in surgery. He graduated from Dartmouth in 1852, and received his degree of M. D. in 1855. In 1857 he began the practice of his profession in Peru, South America, returning to Manchester in 1863, where he continued to the time of his death.

Although I do not find his name coupled with any special surgical procedure, yet he had an extensive reputation as a general surgeon. His worth as a surgeon was shown in what he saved, and not in what he sacrificed. His reputation as a medical expert was held in high estimation by the legal profession, and he was often called before the courts in cases of unusual importance requiring expert testimony, which was always given with a clearness and conciseness seldom excelled.

He was regarded as a true friend as well as a skilful physician by his patrons, was possessed of large mental endowments, and was most companionable to all who ever enjoyed his society.

CONCLUSION.

It was my purpose to make some mention of the noble service done by medical men in the New Hampshire regiments in the Rebellion. The roll is an honorable one, and should have its place in our Transactions. It is hoped some one may compile all obtainable facts relating to this subject for future record.

A very recent effort has been made to obtain the statistics of ovariotomy by New Hampshire surgeons, but with the following incomplete results: Dr. Luther Pattee, of Manchester, reports seven cases, five recoveries and two deaths. In one of his successful cases, it was necessary to remove the uterus with the firmly attached tumor. Dr. H. B. Fowler, of Bristol, reports five cases, four recoveries and one death. One patient

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operated upon last December is now *enciente*. Dr. G. B. Twitchell, of Keene, reports three operations, with one fatal result from malignant disease. Dr. W. W. Wilkins, of Manchester, records two cases, one recovery and one death. Dr. L. B. How, of Manchester, has operated once successfully. In this connection may be mentioned a case of Caesarian section, performed by Dr. G. S. Gove, of Whitefield, and reported in Transactions of 1882, resulting fatally to the mother, but favorably to the child.

The proprieties of the occasion, as well as lack of time, have deterred me from more extended mention of the living. A review, however, of our Transactions, in later years, cannot fail to show that the members of the medical profession of New Hampshire are fully abreast of the progress in surgical science, and are performing work every day creditable to themselves and to this Society.

Here these sketches must close, not, however, because the subject has been exhausted. Time, space, and your impatience call for a rest.

But enough has been recited to substantiate our claim to some most illustrious men, men whose names will forever live in the history of surgery, men who stand forth as benefactors of mankind and champions of our good old New Hampshire Medical Society, which now enters so auspiciously upon its second centenary. In the words of a former president, "May its future be worthy of its splendid traditions."

REFERENCES: Transactions New Hampshire Medical Society, 1857, 1858, 1859, 1869, 1870, 1872, 1874, 1875, 1876, 1877, 1878, 1879, 1880, 1882, 1887, 1888; American Journal Medical Sciences, 1850, 1876; New Hampshire Journal of Medicine, June, 1851; Thatcher's Medical Biography; Johnson's Encyclopedia; Contributions to Practical Surgery—Norris; Memoir of Dr. Cheever—A. P. Peabody; Holmes's Surgery; International Encyclopedia of Surgery; Gross's Surgery; Hamilton on Fractures and Dislocations.

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MEDICAL EDUCATION IN NEW HAMPSHIRE.

BY C. P. FROST, M. D., HANOVER.

Three plans of medical instruction have been in vogue in the history of our state and country.

First. That which existed from the settlement of the country till near the beginning of the present century, which was by a sort of apprenticeship to some physician in active practice.

Second. The plan which came into use with the establishment of medical schools, which was ushered in in the first quarter of this century quite considerably throughout the country. This was, by adding to the first plan attendance on one or two short courses of lectures at the medical school.

Third. By requiring the entire study to be done at the medical school, substituting recitations in the place of lectures to some extent, adding required work in the dissecting-room, in the chemical, physiological, and bacteriological laboratories, with a considerable amount of clinical teaching and hospital service, the work to be done in a regular order, certain parts of the work to be carried forward to a degree of completeness before the next department should be entered upon.

It is probable that but very few of the practitioners of medicine in New Hampshire before the beginning of the present century had received any medical education beyond what could be acquired by the first plan mentioned above. In the whole country, up to 1800, only 212 physicians had received degrees in medicine. Dr. Toner says that "the colonists, at first, it would seem, rather preferred to patronize a medical man who was also

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a minister, farmer, merchant, or mechanic in addition to being a physician." The young man who wished to become a physician, in the early days of the state, would associate himself with some man in his neighborhood who practised the healing art. He would very likely care for the doctor's horses and do what might be considered menial service about the office, as well as compound medicines under the direction of his preceptor, studying the characters of the barks, roots, and herbs employed, as they were gathered from the fields and woods of the region. He must receive instruction from the lips of the doctor for the most part, as books were very few and periodicals even fewer. He learned much more of the art than of the science of medicine. He cultivated habits of observation more or less close, and, after riding with his preceptor for a season, he would undertake to follow by himself the methods of procedure with which he had become acquainted. No examination could have been required, as no medical societies or associations existed in the state prior to the formation of our state Society. With the establishment of the nation, medical men began to recognize the obligations resting upon them to develop in their own country the opportunity for a better education in medicine—something which should approach the advantages afforded in the mother country, which had been made of avail to a few of the physicians of our country. In 1764 the foundation of the medical department of the University of Pennsylvania was laid in Philadelphia by the Trustees of the College of Philadelphia. A medical school was organized in New York in 1768, which was not very successful, and was completely broken up on the occupation of the city by the British in 1776. No successful attempt at establishing a school in New York was made till 1783. This school was discontinued in 1813.

The Harvard Medical School was organized in 1783, and has ever since continued its work. In this state the organization of the first efforts at giving medical instruction was due to Dr. Nathan Smith, a graduate of Harvard Medical School in 1790 with the degree of M. B. He had already settled in Cornish, N. H., and joined the New Hampshire Medical Society at its second meeting, in August, 1791. In August, 1796, he presented to the trustees of Dartmouth college, at their annual

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meeting, a communication, in which he suggested the establishment of a medical school in connection with the college, agreeing, if the board would establish such a school and honor him with an appointment in it, that he would at his own expense go to Edinburgh, attend the several branches of medicine taught and practised there, and return to the college and commence public teaching. The board received the proposition favorably. With Dr. Smith's consent, final arrangements were postponed, and were not fully made, till 1798, at which time the trustees also conferred upon him the degree of M. A. He proceeded to Europe to fulfil his part of the proposed agreement, bearing with him a letter of credence from the college. He sailed from Boston, December 18, 1796, on the bark *Hope*, and arrived in Glasgow January 24, 1797. At Glasgow and Edinburgh he attended medical lectures for three months, and in April went to London, where he was diligently engaged in the hospitals and with eminent physicians for four months more, and then returned to Boston, September 10, 1797.

The first course of lectures at Dartmouth college was commenced by Dr. Smith, November 22, 1797, in the north-east corner room, lower story of Dartmouth Hall. The next year the room adjoining this in front was appropriated to him by the trustees, which he used for his lecture-room, the first room being used for his chemical laboratory. At the annual meeting in 1798 the medical establishment was formally voted; regulations for it were adopted, and the first class of four students was graduated, each receiving the degree of M. B. Dr. Smith was assisted in the instruction of the medical students in the years 1798–'99 by Lyman Spaulding, M. B. He was lecturer in chemistry. Aside from this help, Dr. Smith alone gave all the instructions in all the departments of medicine. I can find no record until 1810 of the number of students in attendance on the lectures in these years. There were graduated in the first twelve years of the school forty-five men, with the degree of M. B. Such students in the junior and senior classes in college as chose to do so, were allowed to attend the lectures by Dr. Smith. An anecdote given by Prof. Hubbard may illustrate the interest developed by Dr. Smith in his lectures on chemistry. He says,—"In 1810, President Wheelock came from Dr. Smith's lecture-room to evening

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prayers in the college chapel, and in his prayer gave thanks substantially as follows: 'O Lord, we thank thee for the oxygen gas; we thank thee for the hydrogen gas, and for all the gases; we thank thee for the cerebrum; we thank thee for the cerebellum and for the medulla oblongata.' Prof. Hubbard says,—"The prosperity of the department was, from the first, extraordinary. Harvard Medical School, with fourteen years the start, and with at least three eminent professors, graduated in the thirty years between 1798 and 1828 two hundred and thirty students of medicine. Dartmouth, during the same period, beginning with nothing and without funds, and sustained during the first twelve years by a single regular professor, with casual assistance, graduated 340."

The degree of M. B. was the only degree in course conferred in connection with the medical school by the college till 1812. This was given after attendance on one course of lectures. Sixty-four persons received this degree. Several who had this degree subsequently took the degree of M. D. at Harvard or at Dartmouth, after attendance on a second course of lectures and passing an examination. Since 1812 the degree of M. B. has not been given.

The medical college was supported from the first by the fees paid by the students. These were, $50 for students not connected with the college, and $20 for members of the two upper classes in college. Dr. Smith received from the college for the purchase of apparatus, mostly chemical, in the first twelve years about $600. The legislature of the state appropriated, in 1803, $600 for the same purpose. In 1809 the state appropriated $3,450 for the erection of the present medical college building, and in 1812 a further sum of $1,217.14 to complete the payment for the building. In 1812, Dr. Smith was called to New Haven to organize the Yale medical school, and severed his connection with Dartmouth in 1814. A larger teaching force was employed in the school from 1810; at which date Dr. Cyrus Perkins became Professor of Anatomy and Surgery. He held the chair till 1819, when he was succeeded by Usher Parsons who held the chair till 1822, when R. D. Mussey took it and held it till 1838. In 1814, R. D. Mussey succeeded Nathan Smith in the chair of theory and practice, and held it

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till 1820, when he was succeeded by Daniel Oliver till 1836, when John Delamater took the chair for two years. Dr. Mussey was also Professor of Materia Medica and Therapeutics from 1814 to 1820, when Dr. Oliver took the chair, and held it till 1837. Dr. Mussey took also obstetrics in 1814, and held it till 1838. Rufus Graves lectured on chemistry in 1812 to 1815, Daniel Oliver from 1815 to 1816, James Freeman Dana from 1816 to 1826, Rev. B. Hale from 1827 to 1835, and Prof. O. P. Hubbard from 1836 to 1883, and was succeeded by Prof. E. J. Bartlett, who still holds the chair. In 1838, Dixi Crosby became Professor of Surgery, and taught that subject till 1868. Dr. Delamater also had obstetrics and materia medica from 1838 to 1840, when Dr. Crosby took obstetrics and held it till 1868, Dr. Joseph Roby taking materia medica with theory and practice in 1840 and 1841, Dr. Phelps taking materia medica in 1841 and teaching that till 1849, when he was succeeded by Dr. Albert Smith, who held the chair till 1870, when Dr. H. M. Field took it, and still retains it. Dr. O. W. Holmes held the chair of anatomy and physiology from 1838 till 1840, when Dr. E. R. Peaslee took it and held it till 1869, when he was succeeded by Dr. L. B. How, the present incumbent. Dr. Elisha Bartlett was Professor of Theory and Practice from 1838 to 1840, when Joseph Roby followed him till 1849, when Dr. Phelps succeeded him, and occupied the place till 1871, when he was followed by Dr. C. P. Frost, who now holds the position. Medical jurisprudence was first taught by Dr. S. W. Williams in 1838 to 1840, then by Dr. Phelps from 1841 to 1842, by Judge Joel Parker, 1847 to 1857, Judge I. F. Redfield, 1857 to 1861, and Dr. John Ordronaux, 1864 to the present time. Diseases of women and children was taught by Dr. Dixi Crosby from 1841 in connection with obstetrics till 1870; by Dr. Peaslee from 1870 to 1873, when he took the chair of gynecology and held it till 1878. He was succeeded by Dr. Mundé in 1881, who now holds the chair. In 1871 Dr. Dunster took the chair of obstetrics and held it till his death in 1888, when he was succeeded by Dr. W. H. Parish, the present incumbent. Dr. W. T. Smith took physiology from Dr. How in 1885, and now holds the chair. Dr. A. B. Crosby succeeded

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his father, Dr. Dixi Crosby, in 1871, having been associated with him since 1863. He died in 1877, and was succeeded by Dr. P. S. Conner, the present incumbent, in 1878.

During the troubles between the college and the university two medical schools were maintained for a time. No serious clashing ever arose between them. When the college case was decided, a reorganization and enlargement of the teaching faculty took place.

An attempt was made about this time to establish a medical school at Concord, to be more directly under the control of the legislature, from which an appropriation was sought. A somewhat eccentric Scotchman, Dr. David Ramsay by name, was a leader in this movement. He had been a surgeon in the United States army, and had given a course of lectures at Dartmouth on anatomy in 1808, illustrated by plates, skeletons, etc. With these he travelled about the country, giving lectures as opportunity offered. This project was defeated. In 1820 the New Hampshire Medical Society voted that "the Society annually appoint two delegates to the medical institution at Dartmouth college, whose duty it shall be to attend at the close of the lectures the examination of candidates for medical degrees, to assist in those examinations, and also as representatives of the Society to sign the diplomas of the medical graduates, provided that this measure be acceptable to the trustees of the college." The college trustees, at their meeting in August of that year, voted that "the measure is acceptable to this board, it being understood that it shall never subject this board to any expense." This recognition of the interest of the medical society has been kept up, with much pleasure and profit to the parties interested, to the present time. For some years past the State Medical Society of Vermont has also sent delegates. No medical student has been allowed to receive his diploma without the assent of the delegates of these societies, who come as the accredited representatives of the medical profession in these states.

No requirements as respects fitness for undertaking the study of medicine by previous education were made, so far as I can discover, until 1875, when the faculty voted that "applicants for admission must be 18 years of age, and, unless already matriculants or graduates of some reputable college, academy, or high

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school, must pass an examination as to their fitness for entering upon and appreciating the technical study of medicine." As the state Society's requirement for the student entering the office of a physician to begin the study of medicine was, that he should be fitted to enter the freshman class in Dartmouth college, it was thought unnecessary to require anything on his entrance to the medical college.

As has been already said, attendance on one course of lectures was all that was required to obtain the degree of M. B. Two courses of lectures were always required for the degree of M. D., together with a careful examination and the presentation of a thesis.

In the first decade of the school, fifty-three per cent. of the graduates were also graduates in arts; in the second decade, thirty-two per cent.; in the third decade, nine per cent.; in the fourth, seven per cent.; in the fifth, thirteen; sixth, fourteen; seventh, ten; eighth, nine; ninth, twelve; tenth (three years) thirteen. Previous to 1820, I find no record of the number of students in attendance on the lectures. Since that date the numbers ranged from one hundred and six in 1834 to eighty-three in 1842, averaging for the twenty-two years eighty-six nearly. Since 1842 the average has been somewhat lower.

For at least seventy years there has been maintained at Dartmouth a school for medical instruction, by way of recitations, with dissection, and, at times, some work in the chemical laboratory. In 1821 the attempt was made to combine lectures and recitations, and to continue the session for nine months, for a fee of $40. This was continued for two years only, I think, when the faculty returned to the former plan of lectures in the autumn months and recitations in the winter and spring. Schools for medical instruction by recitation have also been maintained in Manchester and Concord, and possibly elsewhere, for longer or shorter periods. Clinical instruction at the college has been of rather limited amount, as the supply of available material has never been very large. Teachers in special departments of medicine have been from time to time added to the faculty, as the demands of an advancing science of medicine have seemed to require.

Most of the medical students have had instruction from pre-

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ceptors, from whom they could often derive but little help in acquiring scientific knowledge, but could learn from them a good deal of the art of medicine. This teaching, supplemented by didactic lectures given by men engaged in the active practice of the profession, and by the careful reading of many books, has had much to recommend it. It has developed men of great practical ability, self-reliant and useful. This method of study is also to be recommended on account of its comparative inexpensiveness—a matter of great consequence to many young men of our state who study medicine, as the majority of them are abundantly blessed with poverty. The work done with the preceptor has grown less and less, as a rule, as the years have passed. This has resulted very largely from the fact that the opportunities for learning from books and periodicals have been greatly increased, and further from the fact that longer terms at the medical college have seemed to diminish the necessity for this kind of teaching. In many instances the work with the preceptor simply amounts to the registering the name in his office, that he may at length secure from him the required certificate of time spent in medical study under his direction, which is needed for graduation. Study is done, when done at all, in an unmethodical, spasmodic manner, and the lack of knowledge, when the student comes to what he hopes will be his last course of lectures, is made up, so far as it can be made up at all, by most intense cramming, with the dread of rejection ever before him. It has often happened that the student has done nearly all the real work of preparation for his profession within a year, and possibly even in less time than that. The general result has been, that the young doctor began his professional work with a very inadequate fitness for it, a lack of fitness that has appeared greater and greater as the science of medicine is more and more developed. The subsequent progress of the young man has depended on his realization of his deficiencies, and on his making up for them by careful study of such cases as he has been called to treat, and also upon his supplementing his study by attendance on post-graduate clinical courses in the city.

The third plan named, and the plan which the present condition of the profession evidently demands, has never been

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required in this state, although the conditions have been realized in many instances in large degree by the aid of the recitation term. This plan places the student in close relation with professional teachers through the whole of a three or four years course, and requires a graded course of study. It requires that he shall finish and pass examinations upon the first year's study before undertaking the work of the second, and so for the following years, as is done in any college course. Clinical instruction is to be combined with didactic when the student is qualified by study of principles to understand their application; laboratory work is to be given in its proper place and for a proper time, and all to be supplemented by hospital work, in which the student may learn the *art* of medicine to reënforce his acquaintance with the *science*. This plan has, up to the present time, been adopted by but few schools, but more are almost monthly coming into it. Four years of study and three courses of lectures is the present advanced requirement. This involves an expenditure of time and of money greater than many men can meet. It may result in keeping some men out of the profession who would otherwise greatly adorn it. The probable result, so far as the money receipts of the schools are concerned, will doubtless be a diminution of their amount. That the fee may be kept down to the means of the student, and, at the same time, that the revenues of the school may be adequate to secure the services of thoroughly qualified teachers, it is essential that the schools should have endowments, as has always been the case with higher schools of learning, except the medical schools. There will also be need of money for the thorough equipment of laboratories. The education needed to qualify the student to *undertake* this advanced work to good advantage will surely be as comprehensive as that required by this Society one hundred years ago. I see a strong plea put forth lately, by the secretary of the most active state board of health, for a year of preparatory work for medical study, this year to be spent in the biological laboratory. These are the ideal requirements. It is probable that they cannot be fully met at present. Indeed, there is a demand, and an increasing one, for physicians for localities where the remuneration must be small and the work very hard—localities where

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the physician who has qualified himself in the ideal manner for his work cannot get an adequate return in money for the capital in money which he must invest in preparation, to say nothing of the capital in time. The population of the farming towns is steadily decreasing, as is also the wealth of these towns. The inhabitants require the services of the physician—services which have been rendered cheerfully for very moderate remuneration—for pay that has not advanced much, if at all, in the last twenty years. It certainly bears no proportion to the advance in the wages of unskilled labor. These places must have doctors of some sort, and if the schools will furnish them as good men as they have done in past years, they will do humanity a great service. The country school has done good and valuable work in the past, and its work is as much needed as ever. If it is to live and do the work now reasonably demanded, it must have reasonable endowment.

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FOUR MEDICAL MEN OF NEW HAMPSHIRE.

BY EDWARD FRENCH, M. D., OF CONCORD.

Mr. President, and Fellows of the New Hampshire Medical Society: We are privileged to-day to gather under the prestige of a society that makes it an honor to us, individually, to be identified with an institution that has for one hundred years pursued its undeviating path of philanthropy toward the great sources of scientific light. It requires no little of our imaginative force to picture to ourselves the great changes in conditions and circumstances that surround our profession to-day, compared with those that surrounded our brothers of a hundred years ago. There have always been men among us who have been preëminent as our guides, as our teachers, and as advancers of theories that have commanded our respect, owing to their source, and which after trial have been heartily accepted and assimilated by the soldiers of our medical army. One of the most noted and useful of these, and one to whom this infant Society was much indebted, was Dr. Nathan Smith, the founder of three medical schools in New England. As we learn more of the man, the more we respect and admire his rugged and stern perseverance, which, in his adverse circumstances, carried him triumphantly over the numerous obstacles in his career.

He was born in Rehoboth, Massachusetts, in 1762, but early removed with his parents to Vermont, where his boyhood was passed upon the frontier farm peculiar to New England in those days. He was anxious to learn, and besides what he could get from the district school (open for a few weeks during the winter), he taught himself as much as he could from the few books it was possible for him to obtain.

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At the close of the Revolutionary war he did service on the Canadian frontier in the state militia, and protected his countrymen from the raids of the Indians.

At the age of twenty-one young Smith was teacher in the public school in Chester, Vt., where he learned that on a certain day Dr. Goodhue, of Putney, Vt., was to perform an amputation of the thigh. This was a tremendous event in a small country village of those days, where a newspaper was a curiosity, and where the arrival of a ship in Boston was not known for three weeks or a month. Smith, either from interest or curiosity, attended with a small crowd of others. Dr. Bowditch tells of his conduct on this occasion, which, undoubtedly, determined him toward his career of medicine.

The village was alive with the subject, and many gathered at the house of the patient, apparently attracted by simple curiosity. When all was prepared, Dr. Goodhue found he had not sufficient surgical assistance, and asked of the assembled company whether any one would hold the limb that was to be taken off. Immediately a strange and rather ungainly backwoodsman-looking youth stepped up boldly and offered his aid. Dr. Goodhue was struck with the apparently intense interest that he took in the proceedings, and with his unflinching steadiness of nerve. Smith even tied the arteries as Goodhue took them up, and did so without a tremor. After all was finished and most of the villagers had left the place, the youth still remained fixed on the spot, with his hands in his pockets, apparently in deep thought. Suddenly he exclaimed in Yankee phrase and tone, somewhat as follows: "Look 'e here, I think I should like to study medicine with you. I am the teacher in the district school, and after my term has finished I'll begin." Dr. Goodhue scanned him well, and answered, "Stop, young man, not so fast; let me see what you know." Finding that he was deficient in preliminary education, Dr. Goodhue stated his opinion, and the youth left. The doctor never thought of the subject until many months afterward, when an unknown individual appeared suddenly at his house with his pack on his back, prepared to stay. "Well," cried the stranger, "I have come back to study with you, but you must let me earn my board, for I have spent all my money in 'fitting,' as you told me,

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for college." An explanation soon took place, and Dr. Goodhue, perceiving the qualities possessed by his extraordinary companion, generously offered him a home and medical tuition, while Smith on his part was to perform any manual labor that might arise in the country physician's family. It was by sheer perseverance and determined energy that young Smith became a physician and afterwards eminent in his profession, and the builder of three medical schools.

At the age of twenty-five he was practising in Cornish, N. H., and doing, as he always did, thoroughly good work, although he had no diploma. After two years of hard and scantily paid labor he threw up his practice, and entered the Harvard Medical School, which at that time had three professors, and taught anatomy and surgery, chemistry and materia medica, and theory and practice, and at the end of one course of lectures graduated with high honor. He returned to Cornish, and for six years longer pursued the hard life of a circuit riding country doctor. At this time there were but three medical schools in the United States,—in Philadelphia, New York, and Cambridge. Most of the medical students of this part of the country were too poor to avail themselves of the advantages of these schools, and, instead of attending lectures, apprenticed themselves for a period of three or four years with some physician, who loaned them the scanty volumes that composed his library, taught them at the bedside of his patients what he knew, and pointed out to them the medicinal plants of the neighborhood; in return they prepared his medicines, took care of his horses, and too often were responsible for the family supply of wood. Dr. Smith saw all of these disadvantages, and determined to bring to his professional brethren increased and respectable facilities for acquiring knowledge. On studying the situation he saw but one solution to the problem, and that was to give, himself, public instruction in medicine. With that resistless energy of which he was the fortunate possessor, he communicated his plan to the trustees of Dartmouth college, and asked permission and their coöperation to establish a medical school in connection with the college. The trustees voted to postpone their decision one year. This did not discourage young Smith, as he had already planned to go abroad, for he

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was but too conscious of his own failings and his inability to instruct others. Three months later he was in Edinburgh, at the University, which was then equal to any in Europe. He passed a year's time in listening to lectures and in hospital work in London, and spent upwards of a hundred pounds of borrowed money for medical books and instruments, and appliances for his proposed medical college.

That he had, through his persevering efforts towards self-improvement, accomplished a good deal, is evident, and that in scientific attainments he was equal with his professional brethren in Great Britain is proved by the fact that he was elected a corresponding member of the Medical Society of London, and that he was well spoken of by the scientific men of Edinburgh and London. It must be remembered that at this time he had attended but two courses of lectures, neither one of which was a year in duration, and that he had made most of his advancement while engaged in the arduous duties of riding a country circuit, with his books, drugs, instruments—and often his food for the day—jumbled together in his saddle-bags.

Upon his return he immediately carried out his cherished purpose, and began his course of instruction and lectures in the fall of 1793. He was the whole faculty, and delivered all the lectures himself. That this remarkable man was equal to this Herculean task is evident from the quality of the men graduated under him, some of whom show with a lustre only inferior to that of their distinguished teacher. Dr. Smith for twelve years filled all the departments of the college, and at the same time did a large practice, especially in surgery, within a radius of fifty miles.

In 1812 he was called to the state of Connecticut, which gladly availed themselves of his energy, knowledge, and experience to found a medical school in connection with Yale college. The journey was made by him in a boat down the Connecticut river. In 1814, by personal exertion, he succeeded in getting a grant of twenty thousand dollars from the state legislature, and he continued his lectures at this school as long as he lived.

In 1820 he was called to Maine to found a medical depart-

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ment for Bowdoin, where he lectured for five years, and gave *all* of the lectures the first two years. He gave four courses of lectures at the University of Vermont between 1822 and 1825. Dr. Hubbard, in his excellent account of him, says,—"He was connected with some forty-two general courses in the thirty-two years from 1797 to 1829, and gave instruction in different departments in about one hundred and thirty-eight special courses." His lectures were nearly always extemporaneous, and characterized by force, brevity, and a shrewd wit that was much enjoyed by his pupils, more however from its quality than its quantity, for he could in no sense be regarded as a humorous man while delivering his lectures, which were generally a chain of facts illustrated by his own experiences. We can see from the success of this worker how complete and thorough was his judgment regarding the need of schools to educate the young physicians of the growing country, and that he offered to them what was of the greatest value is evidenced by the great estimation in which he was held throughout all New England. He died in January, 1829, in the sixty-seventh year of his age, mourned by the college and the town of New Haven, while a deep sense of bereavement was felt by all classes wherever he was known. His professional career was a brilliant one, and his work was especially successful in surgery, and shows him to have been one of the most original surgeons of his time; and had he written of his successes, or lived in the illuminated sphere of his European brothers, titles and honors would have been showered upon him. He performed an original ovariotomy before he had ever heard of McDowell or of the operation. He was the first in America to perform staphylarrhaphy.

He never lost a patient from hemorrhage consequent upon a surgical operation. He had studied out the reduction of dislocation of the hip by "manœuvering," from hearing the story of a man falling on a ship and accidentally reducing an old luxation,—and practised it before many claimants of this method were born. His treatment of fractures and necroses were new, and the most effective of any then known. He was a close observer, and at once noticed a difference in the fevers that annually ravaged the Connecticut river valley, and which were

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always called "typhus." He studied and made autopsies until he found the specific lesion of enteric fever, and then sent out a modest treatise with the grand discovery of what we now call typhoid fever, but which then was not recognized as a distinct fever. Is not this enough to make one man immortal in our glorious profession? Let us now look at him as a man, for his success as a physician depended not a little on those human qualities which endear us to our neighbors and kind.

The most prominent characteristic of his mental nature was his perseverance, and when once his clear judgment had decided on the proper course of action, there were no obstacles or difficulties that he did not vanquish in the direct, manly way so prominent in all his actions. He always had the necessary energy that always accompanies such a nature, and a moral courage that hesitated at nothing when his course was once determined upon. With these rugged and stern qualities, which no doubt led him on and up to the high professional eminence he attained, were blended a charming social nature and a benevolence and kindness of heart that made him remembered and loved by the poor, who took but little interest in surgical triumphs. No man, sick or well, who appealed to Dr. Smith was ever turned away unsatisfied; and it was said, in view of his generosity in giving away money and his services, "that he had earned three fortunes, but left not any."

He entered into the lives and ambitions of his students, and always retained their respect and admiration to the last of their lives. "Dr. Smith was more extensively known in New England than any other medical man, or, indeed, than any man of any profession. The assertion that he has done more for medicine in New England than any other man will by no one be deemed invidious, and his influence over medical literature, through his large acquaintance with medical men, by his advice and example, as well as through the medium of the various medical schools which were favored with his instruction, *was equally extensive.*" Well may his son in honest pride say, "He was instrumental in founding colleges of medicine, which *now* flourish as his noblest monuments in several states of New England."

No one can reasonably deny that the qualities of a per-

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son's mind are in the first instance largely dependent on heredity, and this law of nature's is the primal force in making a genius, for geniuses are born and not made. The second member of this remarkable surgical quartette was undeniably a genius and a man that we can justly be proud of, for he was born, reared, and educated, and exercised his wonderful skill, in our granite-ribbed commonwealth.

Amos Twitchell was born in the town of Dublin, on the slopes of that grand old mountain, Monadnock, of whose grandeur and rugged honesty he always seemed to partake. He was born April 18, 1781, and his childhood was characterized by his love of reading. He fitted for college at the New Ipswich academy, and at the age of seventeen he journeyed on horseback to enter fair Harvard, but was denied admittance on account of the incompleteness of his preliminary education. Nothing daunted, he turned his horse's head to the north and knocked at the doors of old Dartmouth, which graciously received him. In thus refusing him, Harvard lost what Dr. Bowditch says "was one of the most honest and intellectual men this country has produced." His life in college was a struggle with poverty, but even then his tendency was to be a surgeon, which desire was probably not lessened by his friendship with Dr. Nathan Smith, who was then lecturing at Hanover.

Both men were strong characters, singular in their strength and of similar tastes, so that it at once followed that they should be drawn together, and a friendship resulted that was strong and mutually helpful up to the death of Dr. Smith. Young Twitchell became the assistant of Dr. Smith, and to his arduous labors in the dissecting-room he always credited his success as a surgeon. At this time material for dissection was hard to obtain, and its mere possession was *prima facie* evidence of guilt. Notwithstanding this difficulty, Twitchell possessed all he needed, and was reported to have been very successful in obtaining it, always doing this alone; and once he was detected, arrested, and only escaped through a technicality of the law. In 1805 he graduated. He practised in Norwich, Vermont, for three years, and then removed to Marlborough, N. H. It was at this time, that he performed an

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operation that had never been previously successful—tying the carotid artery—for it was believed and taught that such an important vessel leading to the brain could not be ligated successfully. In 1810 he removed to Keene, where he resided until he died. His connection with the New Hampshire Medical Society began in 1811, in which he took a great interest and whose meetings he always attended, although he was the busiest man in New England. He was the "idol of the Society," and was its honored president from 1827 to 1830. He was an extremely modest man regarding his own exploits, and disliked writing: consequently he left little behind him to tell of his boldness and originality in surgery. He was offered professorships in Dartmouth, Vermont, and Brunswick medical colleges, which he declined in every instance. In 1840 he had diagnosed and operated upon three cases of suppuration in the medullary canal of bones. This was entirely original with him, both in diagnosing this then rare affection in bones, and in trephining to afford relief. He had never heard of similar operations by a distinguished Irish surgeon, and it shows in a prominent manner his marked originality. He was an indefatigable worker, and his practice was so extensive and his time so limited that he hit upon the expedient of an arrangement of post-horses at different country inns, so that he was enabled to travel at the rate of seven or eight miles an hour. Like all strong men he had a consciousness of power which frequently kept him from calling in other men for consultation, but his social qualities were so strong within him that he was always a hearty worker in all societies that had in view the elevation of the profession or of the individual. Besides being an active worker in our state Society, he was much interested in the formation and work of the National Association, in which he was several times accorded a most honorable position, and whose meetings he always attended, and where he delighted to meet the giants of those days—Warren of Boston, Stevens of New York, Gross and Drake and his distinguished fellow-students, Mussey and young Nathan R. Smith, both of whom had sat under his beloved preceptor, Nathan Smith. He early practised excision of joints, and had performed several ovariotomies before McDowell made *his* operations known. With

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all his boldness and originality, he had a womanly sympathy and a tact that was both subtle and effective. For instance, in operating upon a felon, I have often heard a lady tell how nicely he arranged her position so that he could both firmly hold the finger and yet she was not disturbed by the sight. He did this by standing closely in front of her and taking her arm under his, so that the hand was in front of him, where he had a full command of the situation while her view was cut off.

In summing up the traits of this "beloved physician of the North," I can not do better than to quote the words of Dr. Henry I. Bowditch, who said,—"I recognize a man possessed of infinite humor, of a strong, vigorous intellect, and a reverence for truth in speech and in act, which, while it made him always ready to acknowledge his own errors, likewise aroused his indignation against hypocrisy and pretence wherever seen. Joined to these traits, and in beautiful harmony with them, was his warm heart. Ardent in his attachment to friends through every stage of life, and wisely benevolent to those less closely united to him, he went about daily doing good."

Daniel Webster said of him,—"From first to last I have entertained for him the highest respect and most cordial esteem. His mind was remarkable for strength, vigor, and originality, and much given to deep and profound thinking. I should have looked to Dr. Twitchell as soon as to almost any other man for whatever could be accomplished by intellectual energy and application."

He died on May 26, 1850, and when reviewing the career of this surgical genius we can well exclaim with Shakespeare,

"What a piece of work is a man, so noble in reason, so infinite in faculty."

The third brief sketch, of the life of a man who was once a power in our state and medical schools, is that of Reuben D. Mussey. The details of his life so closely resemble those of Nathan Smith and Amos Twitchell, that, rehearsed at length, they would prove only monotonous.

Reuben Dimond Mussey was born in Pelham, N. H., June

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23, 1780, of respectable parentage of Puritan descent. His father, Dr. John Mussey, was a man of but ordinary ability, and could do but little for his son in the way of education, so that young Mussey, after going to Amherst academy, had to work his way through college, which he did by the usual way in those days—that of leaving the college and teaching through the winter. While in college he heard the lectures of Nathan Smith, and decided to make medicine his profession, and, consequently, as soon as he graduated from Dartmouth, in 1803, he at once began to study with Smith. As a boy and as a student he showed no remarkable talent, but he was a patient, indefatigable worker—one of those "digs" that work constantly, and who generally achieve more by their slow patience and perseverance than their more gifted brothers. After a short term in practice, he went to Philadelphia, where he studied under Benjamin Rush, Philip Physic, Wistar, Dorsey, and Woodhouse.

At this time, while a student in Philadelphia, he boldly denied the assertions of Dr. Rush that the skin had no absorptive functions, and to prove it he immersed himself in a bath of madder for two hours, the resulting color in the urine proving Mussey's theory. He read and defended a thesis on this subject, and met the whole faculty of the college, part being against him with Dr. Rush, and the rest laboring delightedly with him to defeat the great Rush.

It was of this stern stuff that young Mussey was made. He lectured on nearly all the subjects then taught in the medical schools of New Hampshire, Maine, Vermont, and New York, but his early fame as a teacher and a surgeon was nearly all acquired at Dartmouth. He visited the big hospitals of London and Paris, and while he derived pleasure and information from both, still his admiration and regard for the English surgeons were much the highest. He disliked the methods of the French surgeons; their hurry, their endeavors to be rapid and brilliant at the expense of thoroughness, filled Mussey with disgust. His own aim was always to be thorough, and the maxim "that an operation is done quick enough when it is done well enough" was always true of his work. On his return he resumed his lectures at Dartmouth until 1837.

He was, in the space of two years, offered professorships in

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surgery in Tennessee, New York city, and Cincinnati, for his fame as a surgeon was well known in all the medical centres of learning. At this time Dr. Mussey was regarded as an authority in the domain of medicine, and his acquaintance and correspondence with many surgeons of note in England and France did a good deal to advance him in the estimation of his colleagues. He was always a hard student, and, while he lacked the brilliant originality of Twitchell, he was the best read man in New England in his profession.

He removed to Ohio, and became the leading man and the great surgical authority in that part of the West. As a surgeon, his operations were most carefully performed and methodically carried out, and he was exceedingly conscientious in his aftertreatment, always caring for his cases himself, although it was customary with other prominent surgeons to turn the aftertreatment over to inferior men. Mussey, undoubtedly, was the first to tie both of the carotid arteries successfully in the same person—the second one two weeks after the first one was tied. Sir Astley Cooper taught the impossibility of union of the bones in intra-capsular fracture. Mussey believed otherwise, and finally obtained his long-desired specimen of union, which he showed to Cooper, but he could never convince that illustrious but conservative Briton. He, like Twitchell and Smith, was an early ovariotomist, and it is probable that Twitchell's success in tying the carotid and in ovariotomy gave Mussey confidence to attempt the same operations. His notes of his operations were so carefully kept that quite full and accurate accounts are easily obtained. He performed many lithotomies successfully—out of forty-nine, losing only four. He operated for strangulated hernia forty times, losing eight cases. He excised both upper and lower jaws several times; and he was such a good mechanic, that he was especially successful in plastic operations.

After lecturing and practising in the Ohio Medical College fourteen years, he founded the Miami Medical School, where he labored for six years longer, and then closed his professional life. He removed to Boston in 1858, where he resided until his death, in 1866, in the eighty-sixth year of his age.

I doubt not that many of the older members of this Society

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remember the last one of this surgical quartette—Dr. Dixi Crosby—so recent was his death. He was born in Sandwich, in this state, on February 9, 1801, and, like Dr. Mussey, he came of medical stock, his father being the leading practitioner in that region. His early life was not such a struggle with poverty as were the lives of Smith, Twitchell, and Mussey, and he had even had quite an experience in mercantile pursuits before he began the study of medicine. He graduated at Dartmouth in 1824, too late to come under the magnetic influence of Nathan Smith, but in full time to take his place afterwards in moulding the destiny of this old school. During his student life he was forbidden by his father to dissect, but obtaining his "material," he secretly possessed himself of the "divine secrets of the human body" during the night, when the rest of the family were sunk in slumber. He early showed his sturdy practical sense, which was always a distinguishing characteristic of him, and he had the same bold reliance in his own knowledge and power that was so prominent in Twitchell. While studying with his father, he saw a case which needed amputation of the thigh, but which the best counsel of the neighborhood had decided was not advisable, owing to the low condition of the patient. The man, however, was anxious to have it done, and young Crosby was anxious to do it, and, with the aid of his father, he performed it successfully. After his graduation, he settled in Gilmanton, where he practised ten years, and while here he made quite a reputation as a surgeon, which increased with three years more of experience in Laconia.

In 1838 he began lecturing in surgery and obstetrics in Dartmouth college, and was connected with the school for thirty-two years. He took great interest in the school, and proudly pointed out that for twenty years there had been no change among its professors. He was not so much of a reader, nor had he the method of Dr. Mussey, but he was a man of great self-reliance and possessed of a strong will, and these traits, coupled with his practical qualities, made him a good operator. He had performed nearly all of the capital operations before he had ever seen them done by others, and although he excelled in surgery, yet as a physician he was the leading

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authority of his neighborhood. He relied upon himself and his own experience so much that he was often ahead of his colleagues in treatment. This was especially so in the treatment of fevers, and his ideas in treatment have since been adopted and generally accepted by the scientific world. He performed the operation of the removal of the scapular and clavicle, which gave him a brilliant record among the profession, for this was the first operation of this kind on record. A distinguished surgeon says,—"It is certainly creditable to the surgery of New Hampshire that the three first operations of this kind on record were done by New Hampshire men. The first of these was done by Prof. Dixi Crosby, and the other two by the late Dr. Twitchell, of Keene, and Dr. Mussey."

He wrote but little, as his time was extensively occupied in riding, lecturing, and teaching, for he always had a large class of private students. He was always a prominent member of this Society, and interested in its welfare. He died in Hanover on the 26th of September, 1873, in his seventy-second year. These four men were of marked ability, and such men as any country would be proud to engrave upon its scientific annals. Our profession is deeply indebted to such teachers, and we can hardly estimate the influence and the permanent increase in our knowledge from the perseverance, energy, and scientific attainments of Smith; the vigor, boldness, and splendid originality of Twitchell; the carefully sifted and well weighed teaching of Mussey; and the self-reliance, force, and practicality of Crosby. Our Society, as a complete organization, owes them much, for in Nathan Smith we recognize one of our creators, and in the others we see with him frequent contributors both of knowledge and wise counsel, when we were young and struggling out of our "swaddling-clothes." They have all served as our honored presidents, and now that we have completed a century of professional life they deserve our tributes of respect.

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ORATION—"LOOKING BACKWARD."

BY A. P. RICHARDSON, M. D., WALPOLE.

Centennial celebrations in memory of important events are no uncommon occurrences. Indeed, in our age and generation, in the wake of the centennial celebration of our national independence, within the easy memory of us all, these commemorative occasions follow each other with increasing frequency. This is but the natural sequence of a nation's growth as time advances. In the beginning of our nation's career, the foundation of its various interests, after the declaration of independence, had to be laid deep, wide, and solid, in order that its superstructure, the work of centuries perhaps, might stand firm and strong. That our fathers builded better than they knew is evident to us who are entering upon the second century of our national existence. That no mistakes were made we can not claim, for the memory of the struggle in the War of the Rebellion, resulting in the uprooting of a generally admitted evil, is too fresh to many of us now living to allow of such an assumption.

These commemorative occasions refresh our recollections of the deeds of our ancestors, and tend to inspire us with the desire and determination to emulate their virtues and to preserve the fair heritage they have transmitted to us.

To-day we commemorate the organization of the New Hampshire Medical Society. We who are present have anticipated this event with much pleasure. It is, however, suggestive of many solemn reflections. Indeed, I feel that we are in an atmosphere of solemnity, for we are standing in the presence of the spirits of preceding generations, from which we have been evolved and whose work we are continuing. Our present knowledge comprehends the labors of thousands of workers, arduously employed through many long centuries. As we

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are under obligations to the past, so are we under bonds to the future. We in turn pass our trusts to our successors, to those who in the future are to be the exponents of this lofty mission.

Unlike the alluring allegory, whose title I have borrowed for my topic on this occasion, where the reader is haunted by visions of a golden age while peering into the kaleidoscope of fancy, I simply invite you to a few random glances, looking backward through the truthful field-glass held for a few minutes before your vision. How everything around us has changed in the last one hundred years,—the extent of our country, its population, its devolopment. The great American desert, inhabited only by the wild animal and wild tribes of Indians, has been studded all over with towns, villages, and cities,—spanned by railroads and telegraph lines, and made to blossom as the rose. To-day the last buffalo and the last, almost, of the savage tribes are trembling on the verge of extinction. The bleak prairie has been touched by the wand of the country's progress, and great cities have sprung into life over the burrows of the prairie dog and the coyote, while green wheat-fields and golden corn-fields supply the demand of happy millions in all parts of the world. Millions of treasure are extracted from the bowels of the earth; oil wells, gas reservoirs, and coal, silver, and gold mines, contribute to the needs and comforts of this fast-growing nation.

No living member of this Society had seen the light of day when it sprang into existence. The number of persons now living in the state, who were born before its organization, can easily be counted upon one's fingers. It chances to be our lot to pose upon the stage as members of this already venerable Society at the close of the first century of its existence, and to aid in this celebration. To-day we ring out the old and ring in the new.

It is meet for us, as we reach this mile-stone, to pause a moment for reflection, and glance backward over the long century now completed. The life of this Society has been the greater part of the life of the nation. It was born during the great struggle for national freedom, and its existence is nearly coeval with the constitution of the state. It has seen the mighty advance of the republic from its feeble beginning, through so

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much of its glorious life, through bitter trial and struggle, to the peace and happiness of to-day. With good judgment and great forethought did our fathers organize this state Society, which has done so much in all these years to promote harmony, sociability, and education among medical men, and to reflect benefit to all the inhabitants of the state, shaping legislative action in the interests of hygienic conditions and controlling the spread and ravages of direful diseases

Let us, the natural successors of our medical fathers, look well to our laurels and preserve our ancient prestige in our time, and pass the work along the line in the coming century, hoping to deserve the praise, "Well done, good and faithful servants." By so doing we shall prove worthy descendants of our sires, and our children's children shall rise up, in their turn, and call us blessed.

In honoring this dear old Society, and celebrating the centennial of its existence with fervor and enthusiasm, let us remember that in all we do to make it more attractive and useful, we, by so much, increase the benefits it will confer upon us and our descendants.

We who have come here this morning from all parts of the state by a few hours' ride in the cushioned, covered, comfortable steam-car, chatting with acquaintances by our side while gliding swiftly among our hills and through our valleys, may well contrast our condition with that of the founders of this Society. By so doing, the hardships, which may seem severe to us to-day, are lessened, and we are made more contented with our lot. Then, the faithful saddle-horse, the heavy gig with its swinging thoroughbrace, or the stage-coach with its galloping horses, furnished the methods of travel. Days were consumed on the road where hours are now. But our forefathers were accustomed to the hardships which beset them, and endured them with unflinching devotion and determination. I presume we of the present meeting, who have steamed here in a few hours from every part of the state, who can send or receive messages in a few minutes of time by the electric messenger boy, aye, can even hear and recognize the very voices of our friends at home, are no happier than were our grandfathers, who rode horseback over rough roads to organize this

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Society. Those times, with all their difficulties and fatigues, had their charms and rewards.

To speak of the innumerable changes and improvements in domestic life and its common conveniences, which have taken place in the last century, would require more time, space, and information than is available now. Even half a century ago, when men, whom even we can remember, were acting their parts as good physicians,—riding among the low-eaved farm-houses which stand through many generations and are peculiar to New England home life, or among the more stately mansions of the town,—there were lacking many things which to-day are deemed essential to our comfort and happiness. Then fire was kindled with the tinder-box, while candles and pipes were lighted with coals from the fire-place. There were no envelopes, postage-stamps, or steel pens; machine-made pins and safety-pins were unknown. The house-keeper had no canned fruits, meats, or vegetables. Tomatoes were not eaten. Neither ice nor refrigerator was known in domestic life. The cheese-press, churn, spinning-wheel, and loom were in every household. No photograph had been taken; garden-hose and water-proof garments were unknown, and over-shoes were hardly thought of. Cooling soda water and ice-cream were not at hand; sewing was done by hand, and household linen was spun and woven at home. There were no gas, electric, or kerosene lights. Whale-oil and tallow candles were the sole reliance for artificial light. Coal was hardly known, and wood was everybody's fuel. Table-forks had but two prongs, and were made of steel. Everybody put food into his mouth with his knife, while the bandanna was the predecessor of the napkin. No one had thought of the individual butter-plate, and stoves were a rarity. A mug of cider or a little toddy regaled the spirits of the guests, including the minister and doctor while doing professional duties. The news of the day was a long time in being disseminated among the people, for newspapers were scarce and unenterprising, and published hardly any but political news, and came by the slow stage-coach.

Notwithstanding the thousand and one changes in little and great things, too numerous to mention, there are certain charms

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in the chivalry of a past age. Many even look back and sigh for the good old times, which appear better in sentiment, I opine, than in reality. They were never so good that any one would want to change the present for them. The physicians of those old times went forth to do battle with disease armed with the lancet, the uncoated pill, and the generous powder. Tablets, capsules, granules, parvules, elixirs, and tasteless powders, remedies ending with that much abused termination, "in," or "ine," now ending so many formerly honest drugs, were unknown terms in the pharmaceutical preparations used by the old-time doctor. Medical colleges were few and not within easy reach, while the large hospitals of the present day were unknown. Advantages for clinical study and for surgical operations were meagre indeed. Most medical students obtained their professional training wholly from physicians with whom they studied and rode, doing menial service for them to pay their way. Many of the doctors of those early days in New Hampshire were settled on farms, where were produced many of the necessities of life. Fees for services were small, and often insufficient for the support of a family. Medical books and periodicals were rare, and hard to obtain. Said a Darmouth professor half a century ago, "All the medical books in the valley of the Connecticut river in those early times might be laid upon the table before me." At the present time, we might almost say, the world hardly holds them. The physicians of the time of our early state history were, from the force of circumstances, largely students of nature. The organization of this Society is a proof that they realized the benefits accruing from personal and friendly association, and that conferring together would result in mutual improvement and in the general good of humanity. Under such an organization they realized how it is permitted of one generation to reap and enjoy the fruits of the labors of the generations that precede, and the importance of planting for the harvest of succeeding ones. We, the present generation, are both reapers and sowers.

Perhaps distance throws enchantment over men of previous generations, but there is a picturesque element in many of those old New Hampshire doctors that would be hard to find at the

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present time. The type of the character of many of these is furnished in the solid rock and rugged mountains of the old Granite State, better, perhaps, in our veritable "Old Man of the Mountain." Many of them were marked men. I shall attempt but a meagre detail on this interesting subject, but am looking forward with pleasurable anxiety for the completion of the work in this direction, already well under way, as contemplated by the secretary of our board of health, under the auspices of this Society. By the means of this work, I hope we shall have preserved much that is valuable concerning many of the heroic practitioners of medicine who have acted bravely and well their parts, and now belong to the silent majority. Many worthy and brave followers of our profession, whose reputation may not rank with Nathan Smith's, Mussey's, the Crosbys', Twitchell's, or Peaslee's, are equally deserving of high honors and distinction. It is not for all to become great discoverers. In the broad world there can be only now and then a Jenner, a Harvey, a Pasteur, or a Koch. He does well who learns what others have made known, and is able to apply the knowledge already obtained to the cause of suffering humanity. Let him do better who can. It is given to most of us to plod. But few can find out much that is really new, though many may become good physicians. The accumulations of quiet years of drudgery in country practice seem to expand all at once, as it were, in our medical meetings, where so many sit together in council. Each one appreciates the higher lines of his comrades, and goes to his home blessing the poetry of hard work, and is helped to take up the old lines alone. We are not always in the higher mood for educational advancement, but on occasions are lifted to some mount of broader vision. Our books and journals and medical schools are not the only means of advancement. Timely association with each other affords an opportunity for us to mount up higher. Friendship ministers to our growth in usefulness. Good men's presence and example inspire us to broader thoughts and action. When lifted to some mount of vision, we more readily plan some noble task. "He was only a country doctor," may be your epitaph, but to the worker, who has filled faithfully the place of a physician, it is not a poor one.

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Changing the glass a little in our retrospective glances, we find that physical diagnosis of disease has been facilitated to an extent far beyond what the most sanguine physician of the last century could have deemed possible. There have been brought to our aid many instruments which divulge conditions of the body in health and disease, heretofore unknown. Among these may be named the stethoscope, the pleximeter, the speculum, the ophthalmoscope, and the laryngoscope, while chemistry and the microscope have been successfully applied to numerous investigations. The application of the thermometer and the hypodermic use of medicine are comparatively recent clinical aids in the hands of the physician, of the greatest importance, while the blessings of anæsthetics rob surgery of much of its dread, and aid in the deliberate and careful performance of operations.

A knowledge of the true diagnosis between typhus and typhoid fever is due to the last generation, while the discoveries relating to diseases of the kidneys have been of the greatest value and interest.

The treatment of many diseases, especially those of an inflammatory character, has been greatly modified, and the self-limited nature of their duration is better understood, while the ability of nature to often effect a cure is a feature recognized now more than in the days of heroic depletion by the lancet and salivation by mercurials.

The present century may well be considered as the epoch of physiological experiment and clinical observation. The efficient laborers in the field of medicine during the last half century have been so numerous that it would be impossible to notice at this time even those whom we deem the most celebrated, while it would be invidious to attempt such a selection.

Among the important additions to our materia medica may be especially noticed quinine, morphine, strychnine, iodine and the iodides, the bromides, cod-liver oil, not to mention the somewhat mystic coal-oil derivatives. Good food, proper clothing, pure water, good drainage and ventilation, warmth and dryness in our houses, care in the construction of our dwellings and in the selection of sites, hospitals in our large cities, and temperance in all things, are recognized as important factors in

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warding off disease and lengthening human life, more than in times past. Authorities estimate that the average duration of life has increased about ten per cent. in the last century. The physician of to-day can point to this fact with great satisfaction, as a proof of the benefits of sanitation and the application of remedial measures. In the forcible language of the eloquent T. Gaillard Thomas, before a graduating medical class a short time ago, "Hygiene, the science of cleanliness as taught by medicine, has wiped off the globe the dreadful scourges which made the dark ages so terrible. Cholera, the dread monster, has been almost totally shut up in its birth-place in Asia, and checked in its wanderings over the world. Quarantine has transformed yellow-fever from a universal menace into a local distemper; while small-pox has been lashed to hell by the agent vaccination, and like a whimpering hound is held securely in leash."

All the world has in these new times become a vast medical centre, brought in touch by the quick transmission of intelligence. The centre of medical achievement, says an editorial note, seems to be nowhere, and its circumference everywhere, but genuine work and worth must receive a genuine recognition, regardless of clime or previous condition. One of the mighty agencies for the unification of the nations, says the same note, will be the unification of their medical men. The brain of every physician should receive and record, as by electricity, all that is worth knowing,—judiciously selecting, and incorporating it as a part of his knowledge.

The fact that this Society has maintained its vigor, and has prospered during a whole century, is evidence of its usefulness and importance. If it would meet the demands of the future as successfully as it has met those of the past, it will have to adapt itself to the changing conditions of science and the popular demand for knowledge, which are very different now from what they were when it began. The quick and universal spread of knowledge contributes to make the medical profession a world-wide brotherhood. Medical science knows neither geographical boundaries nor national restraints. The devotees of medicine from every land may meet in any domain and under any flag, heartily reciprocate the kindliest courtesies,

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and labor as brethren in a common effort for the alleviation of human ills, receiving on every hand a heartfelt welcome. "To the honor of the medical profession, says the 'Journal of the American Association,' the world has never seen such another manifestation of international comity as has been witnessed in the past year at Berlin. All the principal nations were there represented, and each commanded a profound respect, and the influence upon the nations must have its beneficent effect." America will surely be accorded a name and a place where she was so worthily represented.

We are about to enter the second century of our life as a medical organization. The first century has gathered for us many permanent gains in the management of disease and the maintenance of health. What may we expect of the second century? I will leave the question for the future to answer. We will cherish the expectation that the second centennial of our state Society will see the whole land still free, united, and prosperous. Let us hope the ubiquitous microbe, which has disported itself so long in its antics of destruction, and so adroitly as to evade the keen scrutiny of our fathers, revealed to us through a glass darkly, will then be quarantined, controlled, or annihilated, in the interest of human health and longevity. The work of medicine has far more numerous conquests than any enumerated, wonderful as may appear these proud achievements. One great discovery opens the way for numberless others, as illustrated in all past experience. The discovery of the transmission of disease by bacilli opens a door into a new world, where there is so much to be seen in a new light that some time must elapse before our vision can be adjusted so as to comprehend the objects before us. All must feel that the possibilities of this new microscopic field are of the most promising and wide-reaching character.

Now, as we drop the curtain upon the old century just passing, and see that of the new just rising, let us be thankful for all the manhood which our state has created, for all the grand achievements in medical science, for our grand old mountains and teeming valleys, for our industrial, educational, and religious advantages, for our history and the promising future, while we cherish and love our old Granite State.

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INTERNAL USE OF GERMICIDES.

BY JOHN J. BERRY, M. D., PORTSMOUTH.

In the enthusiasm regarding the germicidal properties of various drugs, many of our older and well tried remedies have been disregarded, and the claims of newer ones advanced with a confidence which a few may appreciate, but which many can neither share nor understand.

There are few practitioners who have not employed these agents internally for the cure of various forms of disease. In some instances, their effects have been more or less prompt and satisfactory; in many the results have been negative; while in others the toxic and other untoward effects of the remedy have been the only ones noted.

In view, therefore, of the diversity of the results and the variance of opinion, we may be justified in discussing in a brief and imperfect way the use and limitations of germicidal agents, not so much from the stand-point of personal experience, as from that of facts established by the experimentation of the past few years.

Among the various causes of fever, there are now recognized two important factors:

1. Specific micro-organisms.

2. Substances produced by the action of bacteria upon the tissues or upon certain food products.

In the category of diseases produced by the first, we may include typhoid fever, scarlet-fever, diphtheria, variola, cholera, and many others. All these have a certain relationship, inasmuch as they show a similar origin, a stage of incubation, systemic infection, and a limited duration. For convenience, typhoid fever may be taken as a type, for here the action and effects of antiseptic medication can be as well demonstrated as in others of the same class.

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It seems to have been established beyond all dispute that this disease is produced by a specific organism introduced from without. During the stage of incubation, which varies in duration from one to three weeks, these germs, or the ptomaines which they generate, or both, enter the circulation, and by rapid increase and extension take possession of the most remote organs and tissues, influencing in a marked degree all the secretions, and producing a general toxæmia. As we have stated, it is in the first stages of the disease and probably during the period of incubation that this systemic infection occurs. Eberth, one of the first investigators, found the specific bacillus in the spleen, lymphatic glands, and portions of the intestinal tract in twelve out of twenty-three cases of the fever. Koch obtained similar results in one half of his cases, and Meyer in sixteen out of twenty others. Lucatello, by inoculations of blood from the spleen, reproduced the disease in ten out of thirteen cases. Neuhaus found the bacilli in the rose spots of typhoid in nine out of fifteen instances of the disease, while another observer found it in fifty per cent. of his cases. These experiments serve to confirm our belief, not only in the existence of the specific germ, but in its universal presence in typhoid subjects. If then, such is the case, how shall we remove them? Can we destroy them, or in any way modify their action by the internal use of germicides? A study of their properties will aid us in determining these questions.

A few years ago the Committee on Disinfectants, of the American Public Health Association, after a careful experimentation with these agents, made a series of reports regarding their nature and efficiency. These have subsequently been confirmed in the writings of its individual members, to whom I am indebted for some of the following facts:

In the case of corrosive sublimate, which is one of the most efficient germicides known, the experiments of Koch show that while solutions of 1 to 10,000, 1 to 20,000, or even 1 to 30.000, exert an inhibitory, and sometimes toxic, action upon germs and spores when brought into direct contact with them, a much stronger solution is required for their prompt destruction. In some cases the results were wholly negative;—for example, fresh tubercular sputum, after exposure for twenty-four hours

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to a 1 to 2,000 solution, was found to be infectious. This drug in the presence of albumen is prone to decompose, and thereby lose much of its activity—an important fact, and one which renders its action quite difficult to forecast.

A long series of experiments, conducted at the Johns Hopkins hospital, has defined the limitations of this drug in the following conclusions:

1. Under the most favorable conditions, a given amount of sublimate has the power of rendering inert only a limited number of individual organisms.

2. The disinfecting activity of the sublimate against organisms is profoundly influenced by the proportion of albuminous material contained in the medium in which the bacteria are present.

Sternberg's impaired confidence in attenuated solutions is shown by the following statement: "A standard solution of 1 to 500, with the same quantity of permanganate of potash, may be safely recommended for the disinfection of liquid stools, fecal discharges, and other fluid material supposed to contain 'disease germs,' provided the time of exposure is not less than two hours, and the quantity of material to be disinfected is not in excess of that of the standard solution used."

As regards carbolic acid, Schill and Fisher found that the bacillus tuberculosus was destroyed only by a five per cent. solution after a period of two hours. A two per cent. solution destroyed the infectious properties of vaccine and glanders. The spores of anthrax were destroyed by Koch in twenty-four hours by a five per cent. strength, while the organisms of broken-down beef tea were not deprived of their reproductive powers by a four per cent. acid, according to Sternberg; nor with a six per cent., according to Notter; nor with a ten per cent., according to De La Croix. The experiments of Douglass and Baxter led them to the conclusion that aerial disinfection by carbolic acid was practically impossible. It is apparent that solutions of this agent, to be effective, must reach the proportion of at least one to thirty. The same conclusions apply equally well to creosote, which has acquired something of a reputation as a local and systemic germicide.

The sulphites and hyposulphites, which have also enjoyed

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some popularity lately as anti-fermentative agents, have been shown by Sternberg to possess no germicidal properties whatever, and as fermentation without bacteria is impossible, according to the experiments of Pasteur and Tyndall, the conclusion is obvious.

The chloride of lime, which is one of our best germicides, in order to be effective against the bacilli and spores as found in the fecal discharges, must be used in a four per cent. solution containing at least twenty-five per cent. of available chlorine.

Salicylic acid, which is a very insoluble drug, in a two per cent. solution destroyed two of the test organisms. A four per cent. strength failed to affect the organisms of a broken-down beef solution, while Koch found that a five per cent. alcoholic solution did not destroy the spores of anthrax.

So feeble is the antiseptic power of salicylate of soda that it is scarce worthy of a place in the list of germicides.

Sulphocarbolate of zinc, so highly recommended as an intestinal disinfectant, according to Koch failed in a five per cent. solution to destroy anthrax spores after a five days exposure; while a soda compound of the same strength was equally worthless, even when applied for a much longer time.

As evidence wholly corroborative of these facts, I might quote the conclusions regarding the sterilization of feces reached by investigators during the past year, Foote maintaining that carbolic acid in five per cent. solution and corrosive sublimate in two tenths per cent. solution were unreliable, even when used in the proportion of one pint of the mixture to three or four ounces of feces. Sehrwald, using naphthalin—another vaunted anti-fermentative—added in full strength to feces, finds that it decreases their germs about one half. When used internally, it first decreases them to one third or one quarter, after which the number rises to its original figure. In the case of the bacilli of typhoid stools, it decreases the number to one tenth. It may be unnecessary to state that an agent which destroys but a limited number of specific germs is little better than one that destroys none at all, so far as curative effect is concerned, while as a palliative agent its action can be but temporary and uncertain. There may be noted a material difference between the results attained in the laboratory and under

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the most favorable conditions, and the phenomena which follow the internal administration of germicides where the amount of the toxic agent is small and variable, where it is not brought into direct and prolonged contact with the morbific agents, where it is exposed to the decomposing or restraining influences of the gastric or intestinal secretions, and where its solubility is not assured. The indications are to first seek out the germ and then to destroy it, but we have shown that in the first stages of these diseases, even before remedies are sought for, the specific organisms have secured an entrance into the circulation, and have established themselves in innumerable localities throughout the body. To reach them outside the circulation is impossible, and, indeed, to seek them out through the medium of the blood is equally futile, as well as dangerous, for in the latter event it would be necessary to charge the blood with corrosive sublimate in the proportion of at least 1 to 20,000, or with carbolic acid in the strength of 1 to 100, or with a four per cent. solution of the chlorides, or a much stronger solution of salicylate of soda. To do this is of course out of the question. Such proportions would be at once fatal, even did physiological laws permit the blood to retain such amounts. Though some of these agents are practically insoluble, the amounts of those which could be introduced into the circulation are too infinitesimally small to exercise any germicidal or anti-fermentative action. The germs in question are inaccessible, and proof against all attacks of this nature; so that if the future treatment of infectious diseases is to be directed to their specific germs rather than to their resulting phenomena, we shall be forced to rely, not upon mechanical destroyers, but upon some ptomaines or other alkaloids which are chemically or physiologically antagonistic to them.

Having thus briefly considered the antiseptic treatment of diseases produced directly by micro-organisms, we come to another class, of which cholera infantum is a type, proceeding from ptomaines—from poisonous alkaloids due to the action of bacteria upon the albuminous elements of the tissues or ingesta. It is hardly necessary at the present time to offer proofs of their existence, or to enter into a detailed account of their various sources. This has been satisfactorily done by many com-

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petent and reputable observers. While some are to be found in many or in most infectious diseases, possibly as an indirect result of febrile action, and as such add to the systemic poisoning, there are many which are really causative factors in disease. They may originate outside of the body, or may be due to the action of putrefactive bacteria which set at work peculiar forms of intestinal fermentation. In either event, there follow, more or less promptly, various acute phenomena, of which the symptoms of acute alkaloidal poisoning often form a prominent part. In cholera infantum, typical manifestations may be found. Prof. Vaughan, in considering the ætiology of this disease says,—"The micro-organisms which produce the catarrhal and mucous diarrhœas of infancy in summer are probably only putrefactive in character, but those causing true cholera infantum with serous discharges are pathogenic; they produce a definite chemical poison, the absorption of which is followed by the symptoms of the disease."

Here, as in other affections of a similar character, the condition is at first local, but soon after constitutional. From this time on, applications of antiseptics to the mucous membrane exert little else than a mechanical effect, while the prime factor—the agent which by its toxic power paralyzes the nervous system and attacks every function—is quite beyond our reach and amenable to no germicide or specific. In a recent personal communication from Prof. Vaughan, whose views upon such matters are authoritative, he says,—"After ptomaines are formed they cannot be antagonized, so far as shown, by the administration of germicides. For destroying the germs, and thus preventing the formation of these agents, germicides may be of value, but they will not antagonize ptomaines already formed."

Thus, our main reliance in such diseases is to be placed upon those remedies which promote nutrition, and stimulate and support the vitality of the patient. Corrosive sublimate and carbolic acid, salol and naphthalin, salicylate of soda and sulphocarbolate of zinc—none of these, in cholera-infantum, are to be compared with pepsin, bismuth, opium, and alcohol, which are recognized as having little, if any, true antiseptic power.

It may be stated with some degree of positiveness that the

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micro-organisms of fermentation are present in the intestinal tract only when its secretions are abnormal. A late article by Kurlow and Wagner on "Influence of Gastric Juice on Pathogenic Germs" proves quite conclusively that constant or specific microbes do not exist in the stomach, and those which enter it with the ingesta are only accidental and temporary residents, and cannot live in the normally acid contents of that organ. Gastric juice is, in their opinion, an exceedingly strong germicidal agent, and when the latter is normal and in full activity only the most prolific microbes, such as the tubercle bacilli, the bacilli of anthrax, and perhaps the staphylo-cocci, escape its destructive action; all others are destroyed in less than half an hour. These conclusions support the theory that many or all forms of dyspepsia which are complicated by the action of the fermentative organisms are really due to a deficiency in the quality of the gastric juice. If such be the case, the most scientific therapeusis demands, not the attempted destruction of these organisms, but rather the elimination of infectious material.

While there exist normally in the digestive tract large numbers and a great many varieties of micro-organisms, they are not ordinarily capable of exerting any injurious action. In the presence of the normal digestive fluids they are inert. The moment, however, these secretions are arrested or perverted, or any simple catarrhal condition of the mucous membrane supervenes, these bacteria possess the conditions necessary for their development, and fermentation at once ensues. This having occurred, we can never forecast the result. Whether an acute systemic poisoning, or a simple catarrh, is to follow will depend wholly upon the nature of the bacterium there present and the facilities for its development. When the latter condition obtains, it is possible, by the proper administration of antiseptic agents in sufficient quantities, to limit or arrest this abnormal condition; not always, however, by destroying the organisms themselves, but by bringing about a condition of things unfavorable to their growth. So long, however, as the digestive fluids are at fault, we may expect from antiseptics little else than a temporary and palliative effect.

That germicides, as such, have at times curative properties

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is undisputed. We can understand how carbolic or salicylic acids arrest fermentation, but to be convinced that five-grain doses of salol or sulphocarbolate of zinc—both feeble germicides and hardly sufficient to sterilize an external ulcer—after running the gauntlet of the digestive fluids including an acid and an alkaline secretion, and after passing over twelve or more feet of intestine and many square feet of mucous surface and escaping absorption, will find their way to the lower third of the small intestine, and promptly disinfect the secretions of twenty or more Peyer's patches, demands that truly sublime confidence in the efficacy of drugs which we have not yet been able to acquire.

While the specific poisons of variola and scarlatina are thrown off chiefly by the skin, that of typhoid is eliminated mainly by the bowels; hence we might be justified in expecting better results from antiseptic treatment in this disease than in many others, yet, if I interpret rightly the general sentiment, the antiseptic plan of treating typhoid is not destined to increase in popularity.

One might reasonably infer that salol, said to be actively antiseptic in the alkaline secretions of the intestines, would be extremely valuable in specific catarrhs of that locality, in dysentery, for example. But I will ask of you whether this or any other antiseptic is to be compared for a moment with opium, salines, or local medication? It is a suggestive fact that in these diseases, as well as in many others, those drugs which possess the feeblest power have enjoyed the greatest reputation as antiseptic agents.

More than this: the history of therapeutics and the clinical experience of many observers seem to strengthen the supposition that such agents as castor oil, calomel, and the salines have done more for the antisepsis of the intestinal tract than all the germicides combined, for one of the common-sense rules of medical as well as surgical treatment is to remove vitiated and decomposing secretions when possible, rather than to disinfect them *in situ*.

However, in estimating the value of this class of remedies it should not be forgotten that the most commonly used antiseptics possess other and more important properties: as astrin-

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gents, as alteratives, as agents which stimulate the secretions, and as antipyretics, their value has long been recognized, and it is more than possible that many of the good results following their employment have been due, not to their germicidal qualities, but to the others above noted.

Thus, our treatment of all forms of ptomaine poisoning must be conducted on general principles,—relieving the more urgent phenomena as best we can, counteracting shock and depression, and waiting expectantly until, in the course of its evolution, the force and malignancy of the toxic principle shall have become exhausted.

A due consideration, therefore, of the results attained by recent experimentation, a study of the clinical aspects of infectious diseases, together with some experience in their treatment, seem to me to warrant the following conclusions:

1. The internal use of germicides is valueless in most cases of systemic infection. While they may alleviate symptoms, they possess no curative properties.

2. Such agents have at times a beneficial effect upon acute gastro-intestinal diseases, and are of some value in those of a more chronic nature.

3. Their remedial effects are not always due to their germicidal properties.

4. Systemic as well as local disinfection, when required, is effected far better by eliminatives than by germicides.

DISCUSSION.

Dr. CONN.—There is not much to be said, as the paper covers the ground pretty fully. He recognizes the fact, which I think all the profession does, that in the destruction of the germ we are very likely to destroy the patient, as all these germicides are of a poisonous character, and, if we give them in any such doses as will destroy the germ, we very likely shall have a funeral, not only of the germ but of the patient. The paper also recognizes the fact, that in disease the secretions in the stomach and in the intestinal tract are in a decidedly abnormal condition, and therefore such success as may be attained in a laboratory will fall far short when brought in contact with them in actual practice.

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Dr. ROBERTS.—Some of the most severe cases of typhoid fever I ever have had, occurred in places where the surroundings were all pure and healthful and the location healthful; on the other hand, I know of places where, so far as surroundings are concerned, are the extremes of filth, and while these places have been inhabited for nearly a century, not a case of typhoid fever has been known there.

Some twenty-six years since, when diphtheria first prevailed, and we knew nothing about its nature or management,—every physician doing what was right in his own eyes,—a patient of mine, a boy of some dozen years of age, had, a few days before he was attacked with this disease, made a wound in one of his legs. The wound being unattended, it gaped in the centre some three fourths of an inch, and just such a patch formed in that wound as was formed on the tonsil. How is this for the germ being the cause of this disease? And what do the former facts prove in regard to typhoid fever being always, generally, or exceptionally, the result of filth?

Dr. LATHROP.—We naturally think certain things are fatal to life because we always have known them to be fatal. It is a fact that there are certain diseases that are probably of a germ character whose germs are destroyed or inhibited by medicines which are not fatal to life generally. Take, for instance, malaria: if the germ of malaria is affected so unfavorably by quinine, which the system bears so well, may we not hope that for every other pathogenic germ there may be found an antidote which is not injurious to man? There is some protective influence, wholly beneficent, which prevents the field mouse from receiving the splenic fever to which the house mouse is very susceptible. They are physiologically alike so far as can be discovered. May we not therefore hope to see the time when we shall have a class of germicides covering the whole field, and none of them poisonous?

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TREATMENT OF EPITHELIOMA BY MAGNESIUM SULPHAS.

BY E. E. GRAVES, M. D., BOSCAWEN, N. H.

A carcinoma, at the present time, is defined as a tumor composed of true epithelial cells, which from some cause deviate from the regular and normal manner of growth and follow an irregular course.

The divisions or varieties of carcinoma are epithelioma, scirrhus, medullary or encephaloid, and colloid. Some authors include cauliflower growths, and some also class as a variety of carcinoma, instead of epithelioma, rodent ulcer. The classification, however minutely divided and subdivided, is of secondary importance in comparison with any method of treatment which may be successful in saving our patients from what in some cases is veritably a living death.

Of epithelioma of the face, or cutaneous epithelioma, there are several varieties. One of these is rodent epithelioma, the cancerous nature of which, on account of certain points of difference between it and cancers of other parts of the body, was for a long time denied. The credit of having maintained the true nature of the disease is due to Thirsh, who wrote of epithelioma in 1865; to Charles Moore, who wrote of rodent ulcer in 1867; and to J. Collins Warren, who described the anatomy and development of rodent ulcer in 1872.

At the present time the malignancy is not generally questioned; but the layer of epithelium from which the cancer originates is still in dispute.

We have the squamous-celled epithelioma, where a scaly crust forms, which may fall off after a few days or weeks or even months, leaving a slightly elevated and indurated patch, which, without close inspection, might be overlooked even by

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the patients themselves, so far as any sensations are concerned. This might go on for many years, when, suddenly, from no apparent cause, the diseased spot becomes excited and does rapidly destructive mischief.

Then we have a deep-seated variety, which seems to be hard and nodulated almost from the first, and not as freely movable as the other varieties are. This by some authors is also called squamous-celled epithelioma. We also have a papillomatous variety, which seemingly develops from an ordinary wart or papilloma. This form is by some considered rare; and by others, one of the most common.

Then there is the cylindrical-celled epithelioma, which we find in perforating ulcer of the rectum, called also lupus non-exedens, or non-eating lupus, to distinguish it from true lupus.

All of these different varieties present to the unaided eye different appearances at various times and in different individuals; and a growth which one surgeon, on seeing it to-day, might pronounce (carelessly) a neuroma, or fibroma, or papilloma, or adinoma, or by other names, on being examined by another surgeon next week or next month might be pronounced a true epithelioma.

The rodent variety may appear in the centre of an elevated, button-like growth, which may have given no annoyance to the subject, except a slight disfigurement of his face; but after it has become ulcerated, it may extend rapidly in depth and circumference, and soon do irreparable damage, as the superficially situated growth may become converted into the deep-seated or infiltrating form.

It is estimated by some authors that from thirty to forty per cent. of all epitheliomas appear on the face, and that seventy-five to eighty per cent. occur in males. Butlin thinks the last estimate too high; but the records of the Massachusetts General Hospital show for forty years a much higher per cent. than this even.

With the exception of Sir James Paget, all authors (or nearly all) of his time agree that cancer is primarily a local disease. Bennett says cancer is for some time a local disease, and, at first, unaided and independent of other means, the

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microscope cannot detect whether a growth is cancerous or not.

Holmes says of epithelioma that "it is eminently a cancer arising from local causes, and under the microscope the cell growth differs in appearance but slightly, if at all, from ordinary epithelium, but *may* hold a different relation to the *natural tissue*. At the present time there is considered to be no special difficulty by pathologists in distinguishing between malignant and benign tumors; but we are all familiar with the case of the late Emperor Frederick of Germany, and how distinguished pathologists differed in regard to the character of the growth in his larynx.

Wyeth says,—"Epithelioma usually begins as a nodule, or induration of small size, slightly reddened at its margin, the centre of which, early in its history, breaks down into a dirty ulcer, which when kept fairly clean is reddish in color, and when not cleansed is covered with a greyish mass of pus and broken-down tissue, either solidified into a scale or crust, or in a softened state. The margins of the ulcer are sinuous, hard, and everted."

Lupus exedens, or true lupus, was at one time (or until recently) thought by some to be of a cancerous nature, but at the present time is considered to be a tuberculosis of the tissues. I suppose the tubercle bacilli might gain entrance into one of these button-like eminences which we often see on the face (and other portions of the body); but the microscope ought to detect them if they are there, and decide whether the disease is lupus exedens or some other disease, when the patient is advanced in years.

Of epithelioma of the face, or cutaneous epithelioma, eleven cases have come under my observation during the past few months. All, with one exception, were in patients over seventy years of age, and one was in a man ninety-four years old. Of these cases, one was situated on the forehead; one on the right side of the nose, at the lower border of the nasal bone; one on the nose, near the inner canthus of the left eye; two on the centre of the nose, just below the lower border of nasal bones. Four were on the cheek: two of these were over the malar bone on the left side; one on the right, one a short dis-

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tance in front of the right ear. One was inside of the cheek, near the orifice of Steno's duct. There was one on the lower eyelid and one on the under lip.

Two other cases, which were at first supposed to be epithelioma of the tongue, were afterwards found to be of a gummatous nature. They healed readily under a proto-iodide of mercury treatment.

Numerous cases of undoubted papilloma of the face have been observed which are not included in this list, but only those of which I had little, if any, doubt in regard to their true character. Of these cases, three were treated surgically: one of these was on the forehead, one on the cheek over the right malar bone, and one inside the cheek. The one on the under lip healed very quickly under treatment at that point, but recurred far back on the tongue, where it progressed very rapidly, and the patient died, exhausted, in a short time. He was ninety-two years old. Of the remaining cases who refused all surgical interference, two are still under treatment, and evidently nearly well. The others are entirely well, and the skin over the spot where the disease was situated has resumed its normal appearance. These patients were given as treatment,—sulphate of magnesia, 3 drachms to 1 pint water, a teaspoonful of the solution to be taken four times a day. After the parts had been cleaned, a little dry boric acid, or a small amount of carbolic-acid ointment, was used. No other local treatment was given.

In most of the cases, when the disease was just observed by the patient, it was manifested as a hard scale on the surface of the skin, or situated on a button-like eminence of the face, which had been there for many months and perhaps years. Some slight itching or stinging sensation might cause the patient to remove the scale or scab several times, and it might become a little thicker and harder each time, and, finally, on its being removed, there would be found a moist, ulcerating surface, which soon became deeper and broader, the edges became indurated and elevated, and we should finally have a growth of a nodular character, which, by commensurate increase on its circumference, kept a little in advance of the destruction which was going on in the centre.

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Now there may have been a mistake in the diagnosis of all these cases, and they may all rest on the same foundation as do some cases of "sore throat" in many communities, with the "laity," which is this: If the patient dies, it was diphtheria; if he recovers, it was not diphtheria—notwithstanding what the doctor in attendance might say in regard to the case. But this fact I do know, that, whereas we had growths or enlargements of an elevated character, with round or oval bases, whose summits were ulcerated and dark in color, with a discharge of an ichorous character, and those growths, increasing perceptibly from one week to another, both in depth and in circumference, and pain of a pricking character, we now have a surface which is natural and healthy in appearance, and nothing to show that it was ever diseased in the least. I am not an expert microscopist, but the examinations which I have made, and the comparisons which I have made with slides from distinguished pathologists, convince me that the cases were those ef epithelioma. Furthermore, we have recently had reports of cases which are said to have been cured by resorcin applications alone; and, considering the fact that epithelioma is one of the least malignant of all the carcinomas, the treatment given may have had some effect.

I will tell you how I came to use the sulphate of magnesia, as I have in most of the cases reported. One patient—in fact the worst one of the whole number—was going away for a few weeks, and asked me for "something to keep his bowels all right," as he expressed it. I gave him some Epsom salts, with instructions to use a little every day. On his return, I immediately noticed that the diseased growth which he had on the side of his nose and cheek when he went away was gone, and the skin looked perfectly natural except a slight redness. I asked him what he had been doing for it, and he said he had done nothing but take the medicine I gave him, and that had taken it off. I doubted the idea that that had anything whatever to do with the removal of the growth; but as I had been for several years prescribing the same drug for papilloma, or warts, with seemingly good results, I immediately began its use in other cases, of which there were quite a number at my command at that time. In these cases, the results have

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been perfectly satisfactory, and the growths are disappearing or are entirely gone, as I have said before. I am convinced that if drugs ever have any effect whatever in causing diseased growths to become removed or changed in character for the better—I sometimes doubt whether they ever have the least beneficial effect anywhere, unless it be to relieve acute pain—that this treatment was beneficial; but, nevertheless, I would not depend on it wholly if a diseased growth of the character described could be removed surgically. As we often meet with patients who positively refuse all surgical interference, in such cases I shall continue its use, even though I do not understand at the present time its modus operandi.

With the permission of the Society, I report

A CASE OF WITHERING SCIRRHUS.

The only case of the kind I have ever seen I wish to report. This case two years ago had all the appearance of an advanced scirrhus of the left breast,—a hard, nodular mass, involving the whole breast, which was very dark in color, nipple retracted, and everything indicating a speedy breaking down of the whole growth. I was consulted in regard to the advisability of its removal.

As the woman was in a very feeble condition, and only able to leave her bed for a few minutes at a time, my advice was against any surgical interference whatever. I was requested to do something, if possible, to make her more comfortable during the few remaining weeks which she was expected to live. A prescription of syrup of iodide of manganese and fluid extract of taraxacum was given her. To my astonishment, the patient began to improve at once, the diseased mass to disappear, and at the present time there is nothing to show for the condition which was present when she was first seen except a line five inches in length resembling the cicatrix after the removal of a breast by means of the knife. The woman is in fair health at the present time, and does quite a large amount of work every day.

This was simply a case of atrophic or withering scirrhus of the breast, and treatment had nothing whatever to do with the

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result, unless, possibly, it might have been of some little benefit to the system generally.

DISCUSSION.

The discussion was opened by Dr. C. R. WALKER.

Mr. President and Gentlemen: I am down on the programme to open this discussion, but how to do it is a question in my mind. The internal treatment of epithelioma, and the internal treatment of cancer in all forms, have proved thus far to be a failure. Perhaps we are entering upon a new era. It does not seem as though Dr. Graves could have made a mistake in the diagnosis of every case. We do get results with Epsom salts in the treatment of warts, and why is it not possible in cases of epithelioma? How it acts I am unable to discover. I have looked through a great many old surgeries, and they all unite in the statement that internal treatment is of no avail. A great many say that if you cannot operate, take off all pressure, remove all pain, keep the patient's mind away from the fact that there is a cancerous growth, and the chances of prolonging life are greater. Last night I happened to run across an article in the *Popular Science Monthly*, which quoted from an English writer who said that cancer is largely of a nervous origin, arguing from the fact that it is more often found in women than in men, and in parts of the body that are more often talked about and subject to nervous excitement.

Since this is our centennial, I feel like dragging in a story to show the internal treatment of the cancer in the early part of this century. My great-grandfather had an epithelioma of the nose, similar to what Dr. Graves has spoken about, and not being satisfied with the treatment and prognosis he received here, he hitched up his old horse and drove across the country to Boston to see the elder Warren. After two or three days he came back, and around the stove of the village store here his friends were talking to him about his trip.

"Been down to Boston?"

"Yes."

"Whom did you see?"

"Dr. Warren."

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"Did n't operate on you?"
"No."
"Advise you to take anything?"
"Yes."
"Inside?"
"Yes."
"Did n't put anything on the outside?"
"No."
"Well, what did he tell you?"
"He told me to go home, and at about eleven o'clock in the forenoon and four o'clock in the afternoon to take a good drink of New England rum; and I have been following his advice carefully, and I believe I feel better."

Now I do n't know whether the feeling that something was being done acted on the old gentleman's mind and kept him quiet, or not; but he certainly died, not from cancer, but from some other disease, at the age of eighty-two.

This paper is to me very interesting. The treatment is one we can all try, and one that the patient would not object to; and if one case in twenty can be benefited by the use of Epsom salts, it would be one step forward.

A MEMBER.—Perhaps Dr. Foster can tell us what they do in Portland.

Dr. FOSTER, of Portland, Me., said,—

Mr. President: This is a very unexpected shot, for I had no idea of being called upon to speak on this subject. However, I will answer the question as well as I can. I think cancers have been treated in Portland in all kinds of ways, both surgically and medically. I do not feel that I am justified in saying that any life has been saved by treatment of any kind.

Some years ago I treated quite a number of cases by the administration of arsenic, and some of them certainly improved under the treatment for a time. I have removed some tumors with the knife, and have seen a great many removed by others. Some of these have not returned, although they were supposed to be cancerous. I am inclined to think, however, that those that did not return were not genuine cancers. I do not make this as a positive assertion. I do know, however, that some

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have been removed that were not cancerous. A large majority of those that have been removed have certainly returned, most of them within three years and some of them within as many months.

I am not at all positive that life has been prolonged by treatment of any kind in these cases, but I am certain that very many cases have been relieved wonderfully for a time. On this account I now hesitate in regard to the removal of cancers in their early stages, which is certainly the time they ought to be removed if there is any possibility of a cure; but I never hesitate to recommend the removal of one that is giving pain or annoyance, for the temporary relief it affords.

I have been very much interested in the paper, but I have never before heard of the treatment described by it. It is certainly very innocent, and cannot do any one much harm. If Epsom salts has the power of removing warts, it may be able to produce a physical change in cancerous cells. Just how much the mind has to do with the removal of morbid growths it is difficult to tell. We all doubtless recall instances where the warts on the hands of children have somewhat suddenly disappeared, and the disappearance ascribed to the influence of the rubbing of the warts by certain individuals.

We also know of cases that disappeared very suddenly without any influence of this kind.

It seems to be the nature of these peculiar growths to come suddenly upon the hands of young persons and go away quite as suddenly. Some twenty years ago a little fellow was sent to me by his mother, with his hands literally covered with warts. The mother said that if the doctor would rub these warts they would go away. I passed my hands over the little fellow's warted hands, and, sure enough, in two weeks' time every wart had disappeared; and for some years after that I had many of these cases sent to me, and very many of them were apparently cured.

We have all doubtless had experiences similar to this; and although they are generally attributed to the influence of the touch, still it is very doubtful whether it is not merely a coincidence and nothing more. We have, doubtless, some of us seen similar results following the mesmeric touches or passes

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of so called malignant growths. We, however, I think, reasonably doubt whether these impressions, or passes so called, have any effect whatever on these growths.

Dr. RICHMOND, of Vermont, being called upon, said,—

A few years ago a middle-aged man came to me to have his face examined. I thought he had a scirrhus. It extended almost to the nose and down under the angle of the jaw. I thought it was attached to the jaw and was going to result in osteoid sarcoma. It was going to take so much of his face that I did not feel big enough to tackle it, so his brother took him to New York, where he was examined by Prof. Little, formerly surgeon in the University of Vermont, and two or three other surgeons. Prof. Little told him to go home, and, when his colleagues came back from their summer vacation, to come down again, which he did. Several of the best surgeons saw him. They advised him to fix up his affairs. The man came home, sold his farm, went out of business entirely, and came to Windsor to live with his brother. The measles broke out in town, and this man was attacked by the measles, and in six weeks his face was as well as that of any man in this room, and remains so to-day. Probably the physicians were all mistaken in their diagnosis, but these are the facts.

[Since the meeting I have consulted Dr. Brewster, the brother, and he says that the tumor disappeared *immediately* with the eruption.—RICHMOND.]

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REPORT ON GYNÆCOLOGY.

BY ELLEN A. WALLACE, M. D., MANCHESTER, N. H.

It has been deemed advisable to make the report on gynæcology this year a report of simple cases such as are liable to fall to the lot of every general practitioner any day, and, in presenting the following cases for your consideration, it is with the hope that they may be freely discussed and different modes of treatment suggested.

Case I.—October, 1888. Miss B., age 28, single, book-keeper, not of vigorous constitution; came for relief of pain, sometimes paroxysmal and sometimes constant, in bottom of left foot on course of external plantar nerve; had suffered two years, in which time she had consulted five doctors with no benefit. By further questioning, learned that some months before pain commenced she had been thrown from a carriage, after which she had more or less pain and dragging in left lumbar and inguinal regions, and some dysmenorrhœa which she had never had before. These symptoms she considered of no account; simply wanted relief from pain in foot. Advised a vaginal examination, believing the source of trouble there. Found uterus prolapsed, with fundus to the left and tenderness in left broad ligament; raised uterus with cotton tampon saturated with glycerine. She returned in four days, saying she believed the source of the trouble had been found, as she had been entirely free from pain since treatment. Prescribed tonics and continued local treatment twice a week for a while, then once a week till fifteen applications had been made. Improvement was steady in every way, although foot was given some severe tests. At this time inserted ring pessary, which she wore seven weeks with great comfort, foot giving scarcely any trouble; then, with no apparent reason, the suffering returned. I removed the ring, and applied tampon with but little relief. She

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came to the office twice more, with two or three weeks' interval, finding so little relief that she became discouraged, and I lost sight of her.

Case II.—December, 1887. Mrs. X., age 28; mother died a monomaniac when patient was three years old; father living; married seven years, no children, no miscarriages, nervous temperament. Came for trouble with right lower extremity, which she had had several years, increasing in spite of treatment; pain at times in course of sciatic nerve, numbness below the knee, never felt sure of herself when walking, especially if any unevenness of ground. Examination: No tenderness around sciatic nerve, anaesthesia below the knee. Pelvic examination: Discharge from the endometrium, uterus retroflexed and retroverted, slightly latero-verted so that the fundus pressed against the sacral plexus; as I raised the fundus and pressed where it had rested, said she could feel the pressure the whole length of leg. Painted vault of vagina with compound tincture of iodine; applied a glycerine tampon in post. cul de sac, raising uterus in genu-pectoral position; prescribed a tonic and nervine; also painting course of sciatic nerve as frequently as the skin would allow with tincture of iodine, and massage below the knee. The vaginal applications were repeated twice a week, later once a week, until February, when, all tenderness on pressure and endometrial discharge having disappeared, a retro-version pessary was inserted and worn two months, at the end of which time she called herself well, *i. e.*, the leg did not trouble her any unless overtired, and she was continually gaining in strength. Did not see her again until March, 1889, when she had been overworking, reaching and lifting. The anaesthesia had returned, affecting both legs instead of one; considerable leucorrhœa. Gave her treatment eight times, recovery being rapid. A few months later she removed from the state. This winter she told me she had consulted no physician since, as she had been perfectly well.

Case III.—March, 1889. Mrs. B., married, age 54, menopause six years before, anæmic, extremely nervous, insomnia, —*all* the result of severe pruritus vulvae. Examination of vulva and vagina: Labia swollen, deep red in color, mucous membrane thickened, dry, excoriated, with adhesions between the

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folds; vaginal mucous membrane extremely sensitive; cervix excoriated; watery discharge from external os; uterus small, slightly prolapsed. Examination of urine: Specific gravity 1006, color pale, reaction excessively acid, no albumen, no sugar.

Treatment: An alkali to correct acidity of urine; pill of camphor, hyoscyamus, and valerian, three times a day; solution of nitrate of silver 10 gr.; ʒ applied to cervical canal; tampon with white ointment and bismuth subnitrate to post. cul de sac; ung. cocaine 2% to vulva, and Fuller's earth with which to powder thoroughly after urinating. For two weeks improvement was good, patient sleeping better, urine becoming normal; then, mucous membrane of vulva showed increased inflammation, with hardening of submucous tissue. Discontinued cocaine ointment, and prescribed the following: resorcin gr. x, vaseline 3 i, lanolin 3 vii, to apply as needed; also compound syrup of hypophosphites after meals. Thereafter patient gained rapidly in every respect; in two months' time pruritus was all gone, and to this date there has been no return.

Case IV.—October, 1889. Mrs. R., married, five children, pregnant, suffered intensely with pruritus vulvae, as she always had when carrying children, with never anything to relieve. Gave resorcin ointment; a month later met her, and she said,—"I 've been trying to call at your office to let you know the ointment acted like a charm, relieving the itching every time used." She is again pregnant, and reports its use equally satisfactory.

Case V.—Mrs. W., age 31, married three years, no children; came February, 1890, for recurrent vulvo-vaginal abscess, this being the third within a year, with only three months between the last two. Ordered hot douches and flaxseed meal poultices. Visited her the next day, opened the abscess with free incision, syringed out with hot carbolized water, and packed with iodoform gauze with balsam of Peru, repacking every day and every other day until cavity had filled with granulations. No recurrence to date.

Case VI.—April 24, 1891. Mrs. S., age 26, married, no children, always been strong and well, except occasional sick headaches, until last two years; since which time has had much backache with some pain and discomfort in hypogastric region,

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menses never regular, sometimes six or seven weeks between and sometimes only two weeks. For the last six weeks has had menorrhagia and metrorrhagia, not being a single day without some flow, and many days it was profuse. Tight lacing was very evident, so first suggestion given was to substitute the equipoise waist for corsets,—getting a size large enough to be free and easy, and to enlarge bands and dress waists accordingly. Pelvic examination revealed uterus crowded low in pelvis and congested. Applied galvanism, negative electrode to hypogastric region, and positive to cervical canal, 10 m. amp., for five minutes: wool tampon with boro-glyceride applied in genu-pectoral position. This treatment was followed by considerable pain, but after resting a short time she went home on the horse-car, and went to bed for the remainder of the day. The flow ceased at this treatment and did not return until May 15, when she had a regular menstruation, lasting five days, no leucorrhœa following—the first month she had been free from that for years. Tampons were applied for six weeks, when uterus remained in good position and to all appearances healthy. I must add that the patient at once heeded the suggestions in regard to clothing, and now expresses herself as happy in being comfortable.

Case VII.—Miss M., house patient, admitted March, 1891, age 33, teacher, single, nervous exhaustion, never very strong, now very anæmic; comes especially for menorrhagia,—menses began at eleven, always profuse and sometimes frequent, for the last three years has averaged 20 to 30 napkins, much pain in sacral and hypogastric regions during the intermenstrual period. Pelvic examination; vaginal mucous membrane very sensitive, uterus markedly anteverted and prolapsed, cervix pointing to sacrum and os beyond sight; any attempts at moving fundus or examining broad ligaments showed extreme tenderness. Gave treatment every fourth day,—a wool tampon soaked in boro-glyceride being applied to fundus until five treatments were given. Some relief from pain followed, especially backache. She then returned to her home during menstruation, which was somewhat lessened in amount. In two weeks returned to the house; treatment delayed on account of severe attack of la grippe; when resumed, applied galvanism,—

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positive pole to cervix (could not reach cervical canal until after second application), negative pole to abdomen, 7–10 milliamperes for six minutes. This treatment had been given three times when time for menstruation arrived, there being only one half the usual amount, duration five days; patient afterwards gaining in strength and flesh. Treatments continued with galvanism until patient returned to her home two and one half weeks after the menstruation.

Case VIII.—At 5 a. m. September 4, 1890, was called in haste to Mrs. J., who lived three miles away. The messenger said she had a severe hæmorrhage at four o'clock, when she passed more than two quarts of clots, and was still flowing badly. I hastened to her home, and there heard the previous report verified by the nurse. Although the bowl of clots had been thrown away, the bedding was saturated, as well as extra sheets and skirts which had been called into use. I obtained the following history: Age 25, married five years, one child of three years, no miscarriages; always healthy until that summer; a great worker; sixteen weeks before was taken suddenly with a severe hæmorrhage, could assign no cause; since then has flowed constantly, every four weeks having a severe hæmorrhage; at no time was there any pain or nausea; been under treatment of two physicians with two consultations, but no cause had been found and no perceptible benefit obtained. A vaginal examination revealed nothing except an enlarged uterus with a slightly lacerated cervix. Wiped out the vagina as best I could with absorbent cotton, and packed with tampons wet with tannate of glycerine and ergot (fl. ext.); used five gr. ergotine suppository in rectum; ordered milk and brandy, head low, and room quiet.

In three hours they telephoned for me to come as quickly as possible, which I did as soon as I received the message. Found that her parents, who lived near, had called to see her; while talking with them she fainted, remaining unconscious for an hour. Increased nourishment and stimulants. At my visit the next morning found there was no flow until 3 p. m., then thirteen napkins were used. Removed the packing, gave a large hot douche, and treated as before,—prescribing the ergotine suppositories night and morning, fl. ext. hydrastis Canadensis m. xv

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t. i. d. Continued this treatment ten days,—the flow beginning a little later each day and amount somewhat less. September 14 curetted the endometrium with Thomas's dull curette, removing nearly a teaspoonful of fungoid material, and then applied thoroughly iodized-phenol (two parts of carbolic acid and one of iodine crystals). A marked improvement followed, the flow not appearing until after midnight, and only two or three napkins were used. Repeated the application in three days. At the end of a week used the curette again, removing only a small amount of débris; as I tried to curette on the left side, I realized that there was a different shape to the cavity; something hindered the instrument from going as far to the left as to the right; but I used it as thoroughly as I could, and made the same application as before. Next morning she said that she had a pulling sensation on the left side of abdomen, and, although there was no tenderness on pressure, it seemed to her that if anything touched her there it would hurt her severely. Except after curetting, I only went the days of making an intra-uterine application, for the nurse was very competent, and I had taught her to make the vaginal applications. When she did so, the third day after the curetting, she saw something projecting from the os. This she seized with a button-hook, carefully removing what proved to be a myo-fibroma two inches long and an inch in thickness, also two smaller pieces which followed. After this the flow ceased, and only returned at the regular menstrual period in normal amount. The applications of iodized-phenol were made twice a week until all discharge from the endometrium ceased.

The patient now reports herself well, doing the housework for four, and sometimes helping outside with the farm work; menses are regular, painless, a little more in quantity than formerly, but there is nothing abnormal.

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A PLEA FOR THE MORE THOROUGH STUDY OF THERAPEUTICS.

BY IRA J. PROUTY, M. D., OF KEENE.

We live in an age of progress—an age that in many respects is the most marked of any in the world's history. Since the organization of this society, many new and valuable discoveries have been made in all branches of natural science, but especially in medicine and its allied departments. Within the professional life of many of its members, anæsthesia has been brought to the aid of suffering humanity, surgery has extended her dominion, so that now no part of the human body is exempt from the scalpel; and since Lister first proclaimed the gospel of surgical cleanliness,—or what you may perhaps be pleased to call antisepsis—the abdominal cavity, which was formerly forbidden ground, has been opened almost daily for the treatment of otherwise incurable disease.

The whole theory of treating acute disease has changed. Instead of resorting to methods of depletion like venesection and starvation, we now sustain and place more reliance on nourishment and good nursing than upon medicine. Facilities of communication with foreign lands have become easy, and many vegetable remedies have been added to our pharmacopæia which are not indigenous to our own country.

Within the past decade, chemistry has come to our aid and given us many valuable remedies. Improvements in methods of making diagnoses have been made by calling into daily use the microscope, so that the new science of bacteriology has been made of practical use to the physician. Preventive medicine has now a recognized place, and most of our legislative bodies are willing to appropriate money in order that the community at large may better understand how to prevent disease.

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In view of this rapid advancement in all the departments of our chosen profession, it is needful for us to keep abreast of the times, and thus give our patients the benefit of all the new discoveries. In order to do this it takes continual study and diligent research from the time of entering practice until the end. Notwithstanding the great necessity for all this study of new improvements, we should not forget the old and tried remedies, and their physiological action on the human system and the indications for their use. It is the purpose of this paper to consider the action of some of the more common classes, and see whether we use them aright, or abuse them.

First, we will consider some of the remedial agents that are not drugs.

The application of heat is of very common use, but it makes considerable difference whether it be dry or moist. The one is directly antagonistic to the other. Dry heat gives the simple action of heat alone: it is a pure cardiac and vascular stimulant, causing stronger and more frequent contraction of the heart, and is, therefore, of special use in all cases of failure or exhaustion of that organ, from whatever cause. This form of heat has a diaphoretic action by dilating the arteries of the skin and causing a determination of blood to the surfaces, and the sudoriparous glands are stimulated both by the presence of heat and by a large amount of blood to the part.

Moist heat is an anodyne and antispasmodic, because it is a pure sedative. The simple action of water on any part of the body is one of sedation; continuing, if too prolonged application is made, to exhaustion and disorganization of the moistened tissue. But if at the same time the water be raised to considerably more than the normal temperature, the effects of the moisture will not be felt nearly as soon, for the stimulation of the heat is the predominant impression. Moist heat may be used in acute inflammations as an anodyne and vascular sedative, for it removes the irritation which is the active cause of the inflammation. In the early stages of acute pneumonia, pleurisy, or peritonitis, the use of large hot poultices over the whole of the affected region affords decided relief. It is a common practice to use poultices in pneumonia, but in many cases they are not made large enough nor reheated often enough to get

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the best results. I believe that the poultices should cover the whole chest, and be reapplied every twenty or thirty minutes; for when they get cooled off so that they are the temperature of the body, we lose the effect of the heat and have only the effect of the moisture. The antispasmodic action of moist heat is well shown by its use in relaxing tissues around a strangulated hernia; by its efficiency in renal and biliary colic, and in the convulsions of children. Moist heat, as has been said, causes a dilatation of the capillary vessels, thereby facilitating the emigration of leucocytes and the formation of pus: hence the use of poultices to hasten suppuration when it is inevitable. In looking at the action of dry and moist heat, we see plainly that the indications for their use are not the same, and a distinction should be made when prescribing its application.

Another remedy that is being used more and more is electricity. This remedial agent has been in the hands of quacks until recent years, mainly because the regular profession have not studied, as a rule, electro-therapeutics or electro-physiology, and hence have not obtained the good results which the remedy merits.

The two common forms in medical use are the faradic and galvanic, or the interrupted and constant currents.

The general differential indications, as given by Beard & Rockwell in the last edition of their work, are as follows:

The galvanic current should be used,—

1. To act with special electrotonic power on the brain, spinal cord, sympathetic, or any part of the central or peripheral nervous system.

2. To produce contractions in paralyzed muscles that fail to respond to the faradic.

3. In electro-surgery, to produce electrolysis or cauterization.

The faradic current should be used,—

1. To act mildly on the brain, spinal cord, sympathetic, or any part of the central or peripheral nervous systems.

2. To excite muscular contractions.

3. To produce mechanical effects.

Both currents are made use of in diagnosis,—the faradic for the muscles, the galvanic for the nerves. The authors above

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quoted compare the two currents to bromide of potassium and hydrate of chloral,—the faradic corresponding to the bromide, the galvanic to the chloral. Bromide is a safer remedy than chloral, but in many cases it is powerless, and the chloral will act almost as a specific; so the faradic is safer to use than the galvanic current, and hence is in more general use, but in many cases the stronger and more powerful constant current is needed. A combination of bromide and chloral is often demanded; so it is that the combined or alternate use of the faradic and galvanic currents will accomplish more than either one will separately. The idea has been that as a last resort electricity would be tried, and any country nurse would be delegated to use it by holding two sponges on any part of the body and letting the current run.

Those who aim no higher than this—the indiscriminate holding of electrodes on patients—need give no time or study to electro-therapeutics, for their success in relieving symptoms will be so capricious that they will soon abandon the attempt, and allow their apparatus to grow dirty, zincs to be uselessly eaten up, connections broken and corroded, and henceforth loudly condemn this whole branch of therapeutics. I know from personal experience that both currents are of great use to the general practitioner if intelligently prescribed; and in these days of the elegant and easily managed apparatus, like the dry cell silver batteries, there is no excuse for us not to have them in our armamentarium and to know intelligently how to use them.

Let us now look at some of the more common classes of drugs, and see if we prescribe them always aright. In this climate there is no class of remedies that we are called upon to use more than expectorants, which either check or promote secretion. There are two varieties of cough,—irritative and expectorant. The first may be local, when the cause is in the air-passages, or reflex, as from pleuritic, gastric, or pelvic irritation. It is in the expectorant variety of cough that this class of remedies is prescribed. There are three indications for their use: 1. To produce secretion from a dry mucous membrane. 2. To check profuse secretion. 3. To lessen its viscidity.

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In the first stage of bronchitis there is dryness of the bronchi, which causes some contraction of the tubes and dyspnœa. Here the indication is plain to start some secretion which will relieve the dyspnœa. To do this, we must prescribe some one of the nauseant or relaxing expectorants which will promote secretion, of which, maybe, ipecac is the type. After the hard dry cough has changed to a moist one, then we must change our remedy. The relaxing expectorant has done its work, and should be discontinued; and one of the stimulating class ordered,—like squills, or senega, combined with chloride of ammonia, to render the secretion less viscid.

Notwithstanding these physiological indications, how frequently we see a prescription composed of vin. ipecac, syr. scillae, with syr. tolu or wild cherry as a vehicle. Are not such combinations absurd?

Another class of remedies in daily use is diuretics, of which there are three kinds: 1. Neurotics, which act secondarily by influencing some nerve function, like digitalis. 2. Actively stimulant, causing determination of blood to the kidneys, of which squills is an example. 3. Those which are eliminated by the kidney, and thereby increase the secretion, like buchu.

It is very essential for us to know which class of diuretics is indicated in a given case; and, if digitalis is needed, certainly buchu or squills will not do as well. There are diuretic pills that are daily ordered, which contain a member of all three classes; so, of course, one of them will hit the case.

In the case of cathartics, the vegetable bitters, or, in fact, of any remedy, we should thoroughly understand the action on the human system, and not use them at haphazard.

I wish now to call your attention to two individual drugs, namely, opium and alcohol.

Opium is one of the few drugs that we cannot do without. There are certain cases, certain forms of pain, that nothing else will relieve; yet we should not use it on every occasion when a patient complains of a little pain. Opium and all its derivatives are enslaving, and it is our duty to be extremely cautious how we use them. It is very easy for us, when summoned to see a patient who is in pain, or perchance only a little nervous, to order an opiate which we know will surely relieve him; but if

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we do, are we really doing him an injury, or a benefit? We have other analgesics, that in the vast majority of cases will quiet pain, and which will certainly never lead to a habit. In cases of neurasthenia, we are often asked to administer some opium to relieve the distressing sleeplessness; and if the physician accedes to the request, it will generally in the end cause the patient more trouble than the disease itself. I say we should never give opium in any form to such patients; for if we do, and they contract the habit, we are guilty of one of the worst forms of malpractice. I know of a small town in this state where there are more than a dozen morphine habitués,—and some of them use it with the hypodermic syringe; and all of them can lay their downfall to a former physician who administered morphine for every trifling pain, and who gave the patients the remedy *ad libitum*.

There is no one remedy that is more abused or ignorantly prescribed than alcohol.

The body possesses a reserve fund within itself, and for some time it can exist solely on this stored-up force. After each meal, so much is stored up; and every day, so much is withdrawn. By this system of deposit, man saves under favorable conditions, as in youth and middle age, and draws upon it under unfavorable circumstances, like old age. This is a physiological fund into which we can pay, or from which we can draw, as circumstances require. Some people have more of this reserved fund than others, and are said to have a good constitution. Systems broken down by dissipation or disease have less of this capital. It is important for us, as physicians, to fairly estimate the amount of this stored-up force in each and every case. The use of alcohol calls out this force, so that if the use of the drug is out of proportion to the force of the individual, then exhaustion is induced. There are some women, and they are surely not confined to the lower class, who think —and I am afraid are encouraged oftentimes by the attending physician—that they must take alcohol in some form to keep their strength up during the first stage of labor. If this is done, when the second or critical stage arrives their force is spent, it having uselessly been called out by the alcohol before the hour of need arrived. In the acute diseases, stimula-

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tion is worse than useless, until an enfeebled pulse shows that it is demanded. In measles, I have known of gin to be given to bring out the eruption, whiskey to keep it out, and brandy to hasten convalescence,—and all in individuals that had a strong pulse.

I know it is the fashion with many to order alcohol as soon as a diagnosis is made of pneumonia. This custom should be deprecated by all of us. If our patient has a good pulse, and is taking sufficient nourishment, why should we give alcohol, any more than we should use any other remedy? If we prescribe in order to tickle the appetites or whims of our patients, that is one thing; but if we select our remedies in accordance with their physiological action and the indications for their use, it is quite another.

If we are obliged to prescribe alcohol, especially to a young patient, and would take the precaution to add some one of the vegetable bitters, there would be less danger of his acquiring a habit from its use. One case of this kind for illustration: A young man of strictly temperate habits suffered at times from some dyspeptic trouble. In the absence of his physician one day, he took some whiskey, which he found relieved him. He told this to the doctor, who then advised him to take it whenever his stomach was troubling him. He did so, and now he suffers from delirium tremens, and is a complete wreck, all on account of the thoughtless prescribing of his family physician.

I say we should use alcohol with the same good judgment as any other remedy is used, and certainly not give it unless the condition of the patient requires it.

We have often heard the saying "Beware of the man of one book," and I think we can certainly say, Beware of the man of few remedies, provided he knows intelligently how to use those few. Without speaking disparagingly of the use of new drugs and of the necessity of keeping fully abreast with the rapid advancement that is continually being made, I say that the great need, for us who are in active practice to-day, is, to more closely and thoroughly study the physiological action of the remedies we prescribe, and see that we use them aright.

WORKS REFERRED TO. Wood's Therapeutics; Fothergill's Handbook of Treatment; Thomson's Notes on Therapeutics; Beard and Rockwell's Uses of Electricity.

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ADDRESS.

DELIVERED BEFORE THE GRADUATING CLASS OF DARTMOUTH MEDICAL COLLEGE, NOVEMBER 25, 1890, BY DR. GEORGE COOK.

For ninety-five years men have been graduated from the Dartmouth Medical College. Next June the New Hampshire Medical Society, of which the delegates from this state are members, will celebrate its one hundredth anniversary. Although our Society antedates this school by a few years, the custom of sending delegates was not begun until 1820; and there is a little bit of history connected with this, which, to me, is interesting.

Dr. Alexander Ramsey, of Fryeburg, Me., in 1808 delivered the course in anatomy and physiology at this college. He brought with him, for purposes of illustration, his anatomical museum; and, from what we can learn of him, he seems to have been a man of ability and possessed of great learning in his department, but very eccentric. I have not been able to learn much about Dr. Ramsey, but Dr. O. W. Holmes, in his lectures on anatomy given in years past, is said to have often quoted from him.

In Dr. Bouton's History of Concord we find these few lines concerning him: "Dr. Alexander Ramsey, a native of Scotland, delivered lectures on Anatomy and Physiology in Concord, and other places in New Hampshire, from 1808 to 1823. He died in Parsonsfield, Me., in 1824."

It would seem from this that the doctor began his lecturing in New Hampshire at this institution, and continued it, at Concord and in other parts of the state, until 1823. In June, 1819, he appeared before the New Hampshire Medical Society with a plan for an anatomical school at Concord. From the records of our Society that year, we find that "A vote of thanks was passed to Dr. Ramsey for his present of anatomical works and

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plates to the Society; and a committee was chosen to take into consideration the proposal of Dr. Ramsey, and said committee was authorized to invite members of the legislature to listen to a lecture by the doctor. The committee was also instructed to aid the doctor in any application he might make to the legislature for a charter for an anatomical school, provided that no expense was incurred in the name of the Society."

As the Society met only once a year, it seems that the zealous doctor could not wait, and in October, 1819, he came before the Centre District Medical Society with the same proposal. From the records of this Society, we find, under the date October 9, 1819,—"*Voted*, to adjourn to hear a lecture by Dr. Ramsey;" and a committee of five was chosen to confer with the doctor in regard to establishing a school of anatomy in Concord. January 26, 1820 (the District Society met quarterly), the committee reported that they had attended to their duty, and they were of the opinion that a school after Dr. Ramsey's plan and under his tuition would be highly conducive to the advancement of medical science in Concord, and recommended that this Society suggest to the General Society the propriety of petitioning the legislature to grant a charter, or to pass an act incorporating the New Hampshire Medical Society, or a portion of it, into a college of physicians and surgeons, with the power to confer degrees. This report was signed by Job Wilson, Samuel Morrill, Moses Long, Thomas Chadbourne, and Josiah Kittredge.

We see now how Dr. Ramsey's anatomical school might have grown into a college of physicians and surgeons, which, if incorporated, would probably have come into active competition with the Dartmouth Medical School.

The State Society, however, did not see fit to follow the suggestion of the District Society. In June, 1820, the committee appointed by the State Society the year before reported "that they had visited Dr. Ramsey's museum, and had been interested in his beautiful display of charts and anatomical specimens, and advised all members of the Society to visit his rooms for themselves." This report was signed by Ebenezer Learned, Mathias Spaulding, and Asa Crosby, and was a very guarded report, which really amounted to nothing; but at this same

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meeting the Society voted "that it was inexpedient for them to attend further to Dr. Ramsey's proposal." Still another vote was passed, "that the recommendation of the Centre District Society [which was in favor of a college of physicians and surgeons] be indefinitely postponed."

Dr. Muzzey, a member of the State Society and a professor at that time at Dartmouth, suggested that it might promote the interest of medicine in the state to have two delegates annually appointed by the Society, whose duty it should be to attend the examination of candidates at the Dartmouth College of Medicine, and also to sign medical diplomas. A resolution to that effect was passed, provided the corporation at its next annual meeting authorized such action in connection with their medical school. Dr. Ebenezer Learned and Dr. Josiah Bartlett were chosen as the first delegates.

From a copy of the records of Dartmouth college, under date of August 22, 1820, we take the following:

"Whereas the New Hampshire Medical Society has passed a resolution to send two delegates to attend the examination of candidates for medical degrees and assist at such examination, and also as representatives of said Society to sign the diplomas of medical graduates, provided the measure be acceptable to the trustees of the college,—

Voted, That the said measure is acceptable to this board, it being understood that it shall never subject this board to any expense."

As to whether or not this discussion in the two societies mentioned, which was awakened by Dr. Ramsey and his desire to establish an anatomical school at Concord, had anything to do with Dr. Muzzey's proposal, as a possible hindrance to the establishment of another medical college in the state, we can only speculate. At any rate, nothing more was done about Dr. Ramsey's school, and we have only one medical college in the state, for which, I am sure, we all ought to be thankful, as one such school in our small state is enough. Ever since 1820 our Society has sent its delegates here, which has been a good thing for the profession, and, I think, no detriment to the college.

Perhaps now, you, gentlemen of the graduating class, what-

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ever may have been your feeling a few short hours ago, are willing to say that it is a good thing for the candidate. As you are about to become members of our profession, let me congratulate you upon your preferment, and welcome you among us. A class of more than ordinary ability receives the degree of M. D. to-night, and add thirty more names to those that have gone forth from the medical department of Dartmouth,—men who, as I hope and believe, will take no steps backward.

What little I shall have to say to you now will be upon the physician as an educator. In order to be educators, let us first see about our own education. Our diplomas are simply certificates, which say that we have completed the prescribed course of study and have passed the final examinations; but our education at this time has but just begun.

Fortunately, most of us have plenty of time the first few years of professional life, and upon the use we make of those years will our success in the future largely depend. We must study our cases, no matter how trivial they may appear,—ask ourselves what change is going on? how came that change? what will hinder it, or possibly aid in the cure? We should never give a dose of medicine without first having a theory. The man who gives something, hoping that it will do some good, may at times hit it: but he is a charlatan, a quack. Our theories may be wrong, and no doubt they sometimes are so; but if they are founded upon the best information that we are able to get at the time, we have done our duty, and are more likely to succeed than the man who has no theory.

"Practice without theory is vain." What should we think of a surgeon who had a fractured leg to treat, who, without endeavoring to find out the exact nature of the fracture, simply knowing that something was broken in the leg, put on two or three splints in a haphazard way, hoping that they would do some good! Yet similar things are done every day in the practice of medicine.

Aside from this special study and the careful reading of one or more medical journals, we should do some regular, systematic study. Let us take one medical volume of standard authority, and go through with it in a year. We must do that much every year, for the first few years, at least, of work, always

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remembering that anatomy and physiology are the basis and ground work of our medical education. These two branches, more than any others, fit us for a higher position in the profession. We deny that more than a very general knowledge of anatomy is needed by the surgeon only; the physician needs it as well.

We should become members of the State Medical Society, and of the District Society as well, if there be one, and perform to the best of our ability every part assigned us. Count every opportunity to prepare a paper to be read before a medical meeting as so much gain to the author, if not to the hearer. By such things as these may we fit ourselves to be educators among our professional brethren. Young and inexperienced in the early part of our career, it may be asked, What can we do to aid our seniors? A man, fresh from the schools and well up in the latest theories, can often do much, and it is frequently so admitted by these same seniors. But we must remember to be modest in our opinions, and that it is foolish to pretend to know it all at any period of life. The way in which we conduct ourselves in our intercourse with other medical men has its influence, and we become educators to just the extent that we stand by our convictions when we are sure that we are right.

The ethics of the medical profession are founded on common sense, and nothing is required of us except right and justice with our fellows. The code adopted by the American Medical Association should be our guide. There is no true freedom except in obedience to law. When we enter the medical profession, we take upon ourselves fraternal relations. We are mutually dependent upon and bound to each other. If human nature were always the same in different individuals, and always the same in the individual, our own common sense might regulate these things; but unfortunately it is not so. That kind of independence that says, "I am going to do as I have a mind to," is not true independence. There is a spirit of liberality that is not liberal, but narrowed and contracted right down to one's self; and in such cases a small self it is. We find doctors who contend for the letter as well as the spirit of the law, when it suits their convenience, but are sadly remiss when, for the time, they think that more can be gained for self.

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To what lengths a selfish man will go in any walk in life! We have a slang phrase that expresses it: "He wants the earth." Such men are few in our fraternity, but we do find them, and to such we can be educators indeed. Let us treat all who are honestly in the profession with the respect and courtesy due to members of so great a calling; while with all others we must never forget that we are gentlemen, but can leave them entirely alone. The trickster, time server, and trimmer, and the anything-to-get-business fellow, we will have nothing to do with. We labor to stay disease and relieve suffering by any known means. Can we have any respect for a medical man who does less? Professional association with the "ism" or "ist" fellow, lowers the standard and debases ourselves.

There is a class of men in the profession that we should have the profoundest respect for—I mean men advanced in years: not simply gray-haired,—for that comes to some early,—but men who have toiled in the face of everything that must come to the physician, until the voice begins to be shrill, the eye-sight dim, and the hearing much impaired. They may drag their heels as they walk slowly along; still they do some business. A few of their old families are left who still call them, but these grow less and less every year. Is there anything more sad than to see family after family, that the old doctor has so often served, slip away from him, and employ the young doctor? Oh, yes, the old doctor's eye-sight and hearing are acute enough to find out these things, but in most cases, though it gives a pang at the time, he comes to see the change in its true light, and learns that it is but the natural order. He may now and then say some harsh things, such as "The young doctor is doing as well as he knows how," and if friends suggest his name for consultation, they are perhaps pointedly told that the benefit to the patient from a consultation accrues from having a doctor that knows more than the attending one. But no matter, it is our duty to treat the old doctor kindly, and with almost filial regard, and go to him for advice. He will give it if we approach him aright, and soon we shall find our warmest friends among the old men. It is a grand sight to see intelligent old men anywhere in life, but the old doctor who has

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fought the fight and kept the faith, has something about him that we can almost reverence. I look back twenty years, when I knew those grand old men of the faculty of Dartmouth Medical College,—Dr. Peaslee, Dr. Dixi Crosby, Dr. Phelps, Dr. Albert Smith, and Professor Hubbard,—all gone on before, except the last named, but cherished and revered in my memory. I mean no contrast with the present faculty, who are such worthy successors of the old men, but those mentioned were my instructors, and I would like to indulge in retrospect for a time, if it were proper here.

Are we not really educators among our fellows in these things? As educators of the public, what is our duty? There is nothing mysterious about our work, nor are incantations and cabalistic signs needed. We should go right on in an honest, straightforward course, explaining in simple words to our patients just what is taking place in their cases and what we hope to do by remedies, unless the disease is about to terminate fatally. At such times, we inform the friends but never the patient. For example: When we have a typhoid case, let us explain that the fever is caused by a poison taken into the body either through our food or through the water that we drink; that this poison, when once in the body, will produce, if it undergoes development, a fever differing in intensity according to the susceptibility of the patient and the virulence of the poison; that we cannot break up a fever, and that a man is a quack who says that he can; and further state that we can only guide the sick one on, and hope to assist nature in bringing him to recovery. What a set of educators we should have if every doctor practised medicine in that way; not a long time would elapse before our patients would become so well informed that it would be only a pleasure to treat them.

Again let me say to you thirty men, Begin, make the start. Do not float along on the tide of popular favor and opinion, unless it be right; and even then do not float, but work your way, until every one that comes to you for advice is taught, as far as may be, what is right. The majority of our patients are intelligent enough for this, if we know how to reach them. This much for the public as our patrons.

But have we not a duty to the general public? In sanitary

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matters we must take the lead. The public demands this much of the physician of to-day, and we should fit ourselves to be able to advise intelligent sanitation. If we do not, we are a hindrance to this great work. There is no department of the profession in which we can be such educators as in preventive medicine; and it is pure philanthropy on our part, for no one thinks of paying a doctor for this kind of service. We believe, however, that the time is not far distant when our patrons will see it is for their advantage to employ and pay a doctor to keep them well. Aside from the things that have to do with our profession, we have other duties to the public. In all the moral and social movements that help to put humanity upon a higher plane, our example and precept should be felt. In these things we should have the courage of our convictions, provided those convictions have been reached after careful investigation. Let us not flatter ourselves that our prejudices are convictions.

In politics, we have a plain duty to perform in common with every intelligent citizen. There never was a nation where the average voter knows as much as he does here; but it cannot be denied that the masses think but little, and are easily moved by the few. Therefore the leaders have the greater responsibility. As politics is the science of government, it must be that the educated man has a larger accountability, and there never was a time when his services were so much needed as they are to-day. We are not to neglect our professional duties for official position, but we are not to neglect our plain political duty. Let us attend the primaries, and help put our best men in office. It is a pretty slim sort of an American citizen who says, —"Oh, I never interest myself in politics. It is no use for me to go to the caucus: they have fixed things." Who are "they"? Why, the men who do attend the primaries, and for better or for worse shape our whole body politic. The stay-away men outnumber those who fix things;—and just here is where our danger lies, in that we leave to others what plainly belongs to us to do.

But after all, the one thing that will fit us the best to be educators in deed as well as word, and without which nothing is good, is the religion of the Christ. The man who makes an

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honest effort to shape his every-day life by the teachings of the Master, in true charity, has about him something that tells him to do his whole duty every time, simply because it is right. A pious man I do not care about; a Christian, I do. There are some so liberal that they deny "the faith once delivered," and they want us to give them credit for being honest; while others do not deny anything, but go about saying, "I do n't know." Does not the study of anatomy and physiology fill us with admiration for the great Master-Builder? Pathology, and our power to cure, may at times cause us almost to lose confidence in the God of Salvation. It is only for a time: we may doubt, but never despair. Let me tell you, that the man who claims to be a "do n't know" fellow, wants his doctor to know something. Simply respect for things is not enough: we must be workers in His kingdom on earth, which is the Church, and obey the Divine command, "This is the way, walk ye in it."

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REPORTS OF DELEGATES.

REPORT OF THE DELEGATES TO THE MAINE MEDICAL SOCIETY.

By A. P. Richmond, M. D., of Dover.

Dr. Paul A. Stackpole and I went as your delegates to the Maine Medical Association, held in Portland, June 9, 10, and 11. We were cordially received, and presented to the Association. One paper that attracted my attention was by Dr. Elwell, of the Soldiers' Home at Togus, on Heart Strain. It was ably written, and showed much thought and study. The arguments brought out were very fine. Dr. Dana, of Portland, thought that a great many cases were due to long nervous strains, and not so much from physical exertion, as the dread before the battle, the loss of a dear one, the long, anxious vigil. In the case of the old soldier, it was shown that alcoholic stimulants could not have had much to do with it; for the rank and file of the army could not get any, and if they did have it, it was after the war was over. Some said that fatigue and exhaustion would play an active part,—as at Gettysburg, where our troops marched thirty-six miles and then plunged into the thick of the fight.

Dr. Fuller, of Bath, spoke of the heart strain of the college athlete;—but here there was not that sudden call for great muscular exercise, for they had been in training for a long time;—the same with prize-fighters. Smokers were another class; but here it was found that almost all smokers drank a little, and one offset the other.

The oration by Dr. Seth C. Gordon was surely one of the

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advanced thoughts in the question, Who shall study medicine, and how shall we prepare and educate men for the profession? The doctor handled the question in a masterly manner. All of the papers were very fine, and showed an immense amount of work.

In the evening we attended the reception given to the Association and friends by the physicians of Portland, and were entertained as only physicians can entertain.

The Maine General Hospital is in a most flourishing condition, and is an ornament to the state, of which they may well be proud.

REPORT OF DELEGATE TO VERMONT.

BY S. N. WELCH, M. D., SUTTON.

The Vermont Medical Society held its seventy-seventh annual meeting in Montpelier, October 8, 1890, with Dr. Brown, of St. Johnsbury, president of the Society, presiding. Dr. Janes, of Waterbury, read an obituary on the late Dr. C. M. Chandler, of Montpelier.

This was followed by a paper upon the promiscuous use of opium in Vermont, by Dr. Shipman, of Vergennes. This was a very interesting paper, and brought out considerable discussion by Drs. Smith of Gaysville, Janes of Waterbury, Davenport of Randolph, and your delegate.

At the afternoon session the following new members were elected: Dr. W. C. Blake, Lyndon; Dr. E. P. Stinson, West Randolph; Dr. F. C. Morgan, Sheffield.

The question of discontinuing the semi-annual meetings provoked much discussion and considerable feeling, and several ballots were taken before the question was settled; but it was finally voted to discontinue them, and also that the place of holding the annual meeting every other year be subject to the decision of the executive committee.

Prof. Grinnell, of Burlington, read a paper upon pneumo-

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nia. It would be impossible for your delegate to do justice to this paper in this brief report. It was written in the professor's most pleasing style, and was evidently the production of much thought and observation.

The president's address was largely taken up with reminiscences of a country physician's life, dwelling at some length upon his army experience, and relating many episodes which were highly interesting.

In the evening a banquet was served at the Pavilion hotel, and a number of invited guests were seated at the table. Among the more prominent were Governor Page and Senator Ide, of St. Johnsbury. The post-prandial exercises were of a high order. Governor Page denounced in no uncertain terms the bogus college at Rutland, which brought down the house.

Senator Ide spoke in his happiest style, and was loudly applauded.

Dr. Holton, of Brattleboro', was anniversary chairman, and introduced the speakers as only Dr. Holton can, in many instances creating much merriment by his apt allusions.

When your delegate was called upon, he took for his text "The New Hampshire State Board of Health," and urged upon the profession of Vermont the importance of a thoroughly organized board of health in preventing epidemics such as had lately visited Montpelier; and when he told them of the hearty support that the New Hampshire State Board of Health received from the profession throughout the state, the announcement was received with such hearty evidence of approbation that it left no doubt in regard to the sympathies of those present.

All in all, it was one of the most pleasant and profitable meetings which your delegate ever had the pleasure of attending; doubly pleasing, because the meeting was held only seventeen miles from his old field of labor, where he was formerly acquainted with many people, and which gave him an opportunity to see many old friends and renew old friendships.

Long may the Vermont Medical Society live and prosper, and long may she be a handmaid to our own loved Society! All of which is respectfully submitted.

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REPORT OF DELEGATE TO MASSACHUSETTS MEDICAL SOCIETY.

BY C. P. BANCROFT, M. D.

On the 9th and 10th of June, I had the pleasure of representing the New Hampshire Medical Society at the one hundred and tenth annual meeting of the Massachusetts Medical Society in Boston.

The papers presented were all interesting, and decidedly practical in character. Where there is such a diversity of material, it is difficult to single out any one subject and speak of that to the exclusion of the rest. The section in medicine I attended in full, and the paper on typhoid fever, read by Dr. Rives, seemed to me especially interesting, dealing as it did with the toxic character of the disease and its antiseptic management. The recent epidemics in Lowell and Lawrence, and their relation to the use of drinking-water from the Merrimack, were fully discussed, and additional evidence furnished of the direct transmission of the disease through drinking-water that has been infected. The importance of immediate and thorough disinfection of the discharge of typhoid fever was insisted upon, as well as the use of such therapeutic agents as would tend to render the contents of the intestine antiseptic.

The Shattuck Lecture, by Dr. Edward Cowler, superintendent of the McLean asylum, Somerville, is worthy of special mention. The subject, "Neurasthenia and its Mental Symptoms," is one of especial interest to the general practitioner. A large class of cases of nervous exhaustion present the beginnings of mental disturbance that may, if not properly managed, terminate in open insanity. These first symptoms of mental aberration come to the notice of the general practitioner rather than the specialist: hence the importance of their early recognition. Indeed, their proper management may prevent an attack of insanity and subsequent removal to an asylum.

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REPORT OF DELEGATE TO CONNECTICUT MEDICAL SOCIETY.

BY W. A. MEGRATH, M. D., LOUDON.

It was my pleasure, as a delegate to the Connecticut Medical Society, to be present at their ninety-ninth annual convention, held in Hartford, May 27–29.

The meeting of the first day was of the Fellows of the Society, and was mainly devoted to receiving reports from the different committees.

After these formalities Dr. Storrs delivered his preliminary address to the Fellows of the Society. The president first dwelt on the principles upon which the Society was founded, and then called particular attention to matters of interest to the medical fraternity at large. Dr. Storrs said,—"The prevalence of empiricism and medical impostors is a matter of great concern for the whole country at large. Unscrupulous and designing men, calling themselves physicians, have been preying upon the poor and ignorant since the settlement of our country." The president advised all medical societies to raise their voice against the existence of such wrongs, until we have some wise and beneficent legislation to close the doors against quackery.

The report of the committee on matters of professional interest in the state, prepared by C. A. Allen, was read by Dr. Fred. T. Simpson, of Hartford. The report was taken up entirely by a discussion of the use of the French metric system of weights and measures in medical practice. The paper contained quotations from a large number of letters from physicians who had been addressed upon this subject by the committee, the general verdict being against the metric system.

Dr. L. S. Paddock, of Norwich, read the report on the "Progress of Medicine." Its substance was, that never before has the medical fraternity been so active. To the great German physician and scientist has fallen the honor of discovering a new principle in medical practice. When it was prema-

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turely announced that Koch had invented a fluid which was the "cure-all" of tubercular disease, hope revived in the hearts of thousands of sufferers all over the world. Scientists were grateful. Perhaps the result has not been all that was at first hoped. It would have been more fair to the inventor to have allowed him to reveal only so much of his discovery as he thought proper, and in experiment to use only his method and material. Cantharadin, and chloride of gold, and even vaccine, have been used since then as injections to cure consumption, with some, but with varying success. The future is yet to determine what will cure this disease.

Hypnotism has come forward of late, and claimed recognition as a legitimate part of medical practice. This power, so little understood and so powerful, should be used with caution. When the suggestions of the operator can produce real pain or pleasure, there is absolutely no limit to the power. We should be sorry to see hypnotism recognized as a legitimate medical practice.

Dr. Almy, of Norwich, read an interesting report on the "Progress of Surgery." He said surgery has become so daring of late as to leave scarcely any portion of the human frame where the knife may not enter. The latest and most dangerous is surgery of the brain. An interesting case was described, where the patient was entering upon the earlier stages of dementia. The cranium was trephined, and the pressure relieved from the affected part. The result was most favorable, and the patient recovered the complete use of his reason. He discussed the practice of opening the skull in general paresis, or paralysis, and the success which had attended some cases in Europe. Later, portions of the brain substance were removed with satisfactory success, selecting those portions that seemed affected. The line was drawn above the base of the brain, which has not been operated on.

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REPORTS OF DISTRICT SOCIETIES.

REPORT OF STRAFFORD DISTRICT SOCIETY.

R. G. BLANCHARD, M. D., SECRETARY.

The eighty-third annual meeting of the Strafford District Medical Society was held at the American House, Dover, December 17, 1890, Dr. C. A. Fairbanks, Dover, president, in the chair. The secretary being absent, Dr. A. P. Richmond was appointed secretary *pro tem.* The following members were present:

Dover—Drs. C. A. Fairbanks, C. A. Tufts, J. R. Ham, A. P. Richmond, P. A. Stackpole, D. T. P. Chamberlin, C. H. Horsch, H. H. Stackpole, J. H. Wheeler, H. R. Parker, J. D. O'Doherty, L. G. Hill, M. C. Lathrop, A. G. Fenner, William Hale, G. P. Morgan, R. G. Blanchard. Portsmouth—Drs. J. W. Parsons, J. J. Berry. South Berwick—Dr. G. D. Emerson. North Berwick—Dr. F. B. Morrill. Great Falls—Drs. C. E. Swasey, L. E. Grant. Barrington—Dr. G. E. Osgood. Milton—Dr. C. D. Jones. Lebanon—Dr. J. S. Parker.

Records of last meeting read, and approved.

The president appointed the following committees:

On Nominations.—Drs. J. R. Ham, D. T. P. Chamberlin, F. B. Morrill.

To Select and Assign Topics for 1891.—Drs. C. H. Horsch, J. W. Parsons, L. G. Hill.

On Necrology.—Drs. J. S. Parker, G. E. Osgood, A. P. Richmond.

The president then delivered his annual address.

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The Council reported favorably on the credentials of Dr. L. E. Grant of Great Falls, and Dr. G. P. Morgan of Dover, and they were unanimously elected members of the Society.

The Committee on Nominations reported as follows:

President.—Dr. Henry R. Parker, Dover.

Secretary.—Dr. Chas. A. Fairbanks, Dover.

Treasurer.—Dr. Chas. A. Tufts, Dover.

Auditor.—Dr. Moses C. Lathrop, Dover.

Councillors.—Dr. Geo. D. Emerson, South Berwick; Dr. John W. Parsons, Portsmouth; Dr. Geo. E. Osgood, Barrington.

Orators.—Dr. L. E. Grant, Great Falls; Dr. R. G. Blanchard, Dover; Dr. A. N. Smith, Dover.

The report was accepted, and adopted.

Papers were then read by Drs. J. W. Parsons on "Surgical Shock: What is it?" and A. P. Richmond on "The Tongue in Diagnosis."

On motion of Dr. P. A. Stackpole, a special committee was appointed to make the necessary arrangements for an excursion over the lake sometime during next summer. Drs. C. A. Tufts, P. A. Stackpole, and M. B. Sullivan were appointed that committee.

Dr. M. B. Sullivan then read a paper.

Dr. J. J. Berry read a paper on "Internal use of Germicides," which, on motion of Dr. Hill, was referred to the State Society.

Adjourned for dinner at 2 p. m.

The meeting was again called to order at 3:15 p. m.

Dr. C. H. Horsch presented a paper on the Metric System, and a motion was made and carried that the Society approve of it.

The committee to select and assign topics reported as follows:

School Hygiene.—Dr. D. T. P. Chamberlin, Dover.

Fevers then and now.—Dr. A. G. Fenner, Dover.

New Discoveries in Relation to Tuberculosis.—Dr. H. H. Stackpole, Dover.

On topics of their own selection.

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Dr. Chas. E. Swasey, Great Falls.

Dr. John S. Daniels, Rochester.

Dr. Frank B. Morrill, North Berwick.

The papers of Drs. J. W. Parsons, J. J. Berry, A. P. Richmond, and M. B. Sullivan were taken from the table, and a general and profitable discussion followed.

Dr. J. H. Wheeler read report on Necrology.

Adjourned.

REPORT OF CENTRE DISTRICT MEDICAL SOCIETY.

ARTHUR K. DAY, M. D., SECRETARY.

The regular meetings of the Society have been held as follows:

JULY 8, 1890.—Dr. A. K. Day, of Concord, read a paper upon "The Bacillus of Tuberculosis," giving some clinical cases showing the value of an examination of sputa, and describing a simple method of mounting specimens. This brought out an interesting discussion, participated in by most of the members present.

OCTOBER 14, 1890.—Dr. G. H. Sanborn, of Henniker, reported a case of appendicitis, which was discussed at length by various members. General discussion, and reports of cases of typhoid fever, followed.

JANUARY 13, 1891.—Annual meeting. Dr. E. E. Graves, of Boscawen, read an interesting paper upon "Epithelioma," giving the results of a number of cases treated by small doses of Epsom salts.

Discussion of this paper was opened by Dr. C. R. Walker, of Concord, and it was voted that Dr. Graves be appointed to further investigate this subject. The paper was referred to the Executive Committee of the State Society.

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The president, Dr. J. H. Sanborn, of Franklin, then gave the annual address, a valuable and interesting paper.

The following officers were chosen for the ensuing year:

President.—Dr. L. W. Peabody, Henniker.

Vice-President.—Dr. F. A. Stillings, Concord.

Secretary.—Dr. A. K. Day, Concord.

Treasurer.—Dr. G. M. Kimball, Concord.

Librarian.—Dr. I. A. Watson, Concord.

Chaplain.—Rev. D. C. Roberts, D. D., Concord.

Council.—Dr. Thos. Hiland, Concord; Dr. W. A. Megrath, Loudon; Dr. J. R. Cogswell, Warner.

Executive Committee.—Dr. G. P. Conn, Dr. Edward French, Dr. George Cook, Concord.

After the election of officers, the Society partook of the annual banquet, which was followed by the usual post-prandial exercises.

APRIL 14, 1891.—In the absence of the essayist for this meeting, the time was most profitably spent in the discussion of cases, of which several were reported by various members of the Society.

REPORT OF CHESHIRE COUNTY MEDICAL SOCIETY.

IRA J. PROUTY, M. D., SECRETARY.

The Cheshire County Medical Society has held seven meetings during the year, the annual meeting being held in September, at which the following board of officers was elected:

President.—Dr. S. M. Dinsmoor, Keene.

Vice-President.—Dr. W. H. Aldrich, Marlborough.

Secretary and Treasurer.—Dr. Ira. J. Prouty, Keene.

In January, the Connecticut River Valley Medical Association met with us, and a very enjoyable and a profitable meeting was held.

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The president's annual address, by Dr. M. T. Stone, of Troy,—subject, "Effect of the Nervous System on Health and Disease, and the Value of its Proper Equilibriation,"—was delivered at the annual meeting.

The vice-president's address, by Dr. W. H. Aldrich, of Marlborough, on "Medical Education," was at the January meeting.

The following papers and reports have been presented during the year: Report of six cases of pneumonia in one household, occurring after influenza,—four of them fatal, the other two complicated—by Dr. A. P. Richardson, of Walpole; Report of several cases of paralysis and impaired motion coming on after injuries to shoulder, by Dr. Geo. B. Twitchell, of Keene; "Abscess of Liver," by Dr. O. H. Hubbard, of Fitzwilliam; "The Doctor and the Druggist," by Dr. Pratt, of Brattleboro', Vt.; "The Uric Acid Diathesis," by Dr. J. A. Craig, of Westmoreland; "Influenza," by Dr. A. B. Thurston, of Keene; "Lead Poisoning and Gastro-Enteritis," by Dr. J. B. Hyland, of Keene; "Puerperal Eclampsia," by Dr. S. M. Dinsmoor, of Keene; Report of case of amputation of thigh for osteo-sarcoma of head of tibia; Report of case of perforation of appendix, and operation on eighth day, fatal results; "A Plea for the More Thorough Study of Therapeutics," by Dr. I. J. Prouty, of Keene.

There has been more interest shown than in the years past, and the meetings have been of profit and enjoyment to those who have attended.

REPORT OF THE CARROLL COUNTY MEDICAL SOCIETY.

M. A. HARMON, M. D., SECRETARY.

The Carroll County Medical Association held its annual meeting at Ossipee, June 30, 1891. The following officers were elected for the ensuing year:

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President.—N. H. Scott.
Vice-President.—Chas. W. Gross.
Secretary.—M. A. Harmon.
Treasurer.—J. M. Leavitt.
Auditor.—J. W. Dearborn.
Councillors.—M. A. Harmon, J. S. Barker, H. J. Berry.
Censors.—G. W. Lougee, G. M. Atwood, E. W. Hodsdon.

A committee was appointed to arrange for a semi-annual meeting in the fall. This meeting will be an excursion trip with members' families and friends.

There were no papers read, but the time was pleasantly and profitably occupied in examining patients and discussing topics which suggested themselves in connection with the patients. The meeting was one of the best that the Society has held.

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OBITUARIES.

DR. JESSE PARKER BANCROFT.

Dr. Jesse Parker Bancroft died at his home in Concord, April 30, 1891, of uraemic poisoning, at the age of 76 years. He had been an invalid for a year and a half, but had taken an active interest in affairs, and though far from strong, had, previous to his death, appeared so much better that his sudden passing away came as a great shock to his family and friends.

Dr. Bancroft, son of Jonathan and Betsey (Parker) Bancroft, was born in Gardner, Mass., April 17, 1815. He fitted for college at Andover, Mass., and entered Dartmouth college in 1837, graduating from that institution in 1841. Deciding at once to enter the medical profession, he commenced the study of medicine with the late Prof. E. R. Peaslee, of New York, graduating from the Dartmouth Medical School in 1844. During the period prior to his medical graduation, he was demonstrator of anatomy in Brunswick Medical School. After graduating, he was assistant teacher in the Pinkerton academy at Derry, N. H., for nearly a year. In 1845 he commenced the practice of medicine in St. Johnsbury, Vt., where he remained for twelve years, acquiring a large general and consultation practice. In 1847 he was married to Elizabeth Speare, of Boston, Mass., who, with one son and daughter, survives him. In 1853 he was a member of the Vermont legislature.

In 1857 the trustees of the New Hampshire Asylum for the Insane called him to the positions of superintendent and treasurer of that institution. It was only after long deliberation, and against the most urgent entreaties of his many patients in St. Johnsbury, that he decided to make the change. He

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entered upon his new work on July 15, 1857. The same diligent study and earnest enthusiasm that characterized his labors in the practice of general medicine, he brought to the study and care of the unfortunate patients whom he found in the asylum. At this period the resources of the institution were limited, its buildings contracted, and, owing to their faulty construction, poorly lighted and ventilated. There was also a lack of interest and understanding on the part of the community as to the character of insanity and the proper treatment required by the disease.

To all the interesting problems involved in the study of mental disease and its rational treatment he devoted himself with untiring energy. Recognizing that insanity is a disease requiring special hygienic and moral as well as medical treatment, he set himself to work to so modify the construction of the older buildings and to the erection of additional wings that all these requirements might be met. He lost no opportunity in the printed reports of the institution to enlighten the general public as to the character of insanity, and the need of a special and peculiar treatment for individual cases. The result was, that after twenty-five years of arduous and faithful service he had the satisfaction of seeing the institution over which he presided become one of the foremost in the country, with an established reputation both here and abroad for the successful treatment of mental diseases.

He lived to see many useful features instituted, such as the winter workshop for men, the Bancroft Building for convalescent women, the Summer Cottage at Lake Penacook, in all of which he had taken a special interest, and which were the realization of what he had for years proclaimed in his reports, and in papers read before medical societies, as the individualized treatment of insanity. The recognition of the fact that insanity varies with the individual, and that its successful treatment presupposes a study of each case, and an application of special moral and remedial agencies to meet individual wants, was a favorite subject with him, and he was constantly devising means by which the special requirements of individual cases might be met.

Dr. Bancroft was an eminently practical man. Though

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deeply interested in the study of the psychological problems suggested by insanity, he was always at the same time equally interested in all the practical details required of the successful manager of a large hospital. He was methodical in his work, and did not allow one interest to preponderate over another. He was judicious in the management of his employés, and quick to recognize merit in those engaged in the various departments. He never forgot the interests of his many patients, and sought by personal acquaintance and clinical study to render each as comfortable as his individual condition would allow. Slowly and persistently he labored for years, with limited means, to modify the earlier construction, which was especially defective as regards drainage, ventilation, and the admission of sunlight. Old walls were torn down, innumerable flues supplied in division walls where none existed before, so that portions of the house that were cold and imperfectly ventilated before became supplied with an abundance of warm, fresh air. New systems of sewerage were put in by him, and the hygienic conditions of the house so perfected that for years no serious epidemic of infectious or contagious diseases has occurred. In all these ways Dr. Bancroft proved himself an admirable manager and financier, liberal but not extravagant in the expenditure of the means at his command, making the little that he had do the largest amount of good. Hon. Frank Sanborn, in a brief notice in the Boston *Advertiser* after his death, said of him, "Slowly, and by his own efforts, he made his asylum in many respects the best in New England, and particularly so in that individuality of treatment which is so completely sacrificed in huge asylums to the mechanical method of dealing with a disease which more than others requires in all its stages close attention to the past history and present condition of each patient."

Dr. Bancroft's services were frequently sought throughout the state in consultation practice. In medico-legal cases he was most constantly consulted. He gave to every case fair and impartial study, and never expressed an opinion until he had thoroughly surveyed the case in every aspect and demonstrated satisfactorily to himself the correctness of his position. He was most conscientious in the study of criminal cases where a plea of insanity had been raised. It early became a rule with

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him never to accept a position upon a case which he could not conscientiously maintain. He regarded the preservation of his own reputation, and the strict adherence to a truthful scientific presentation of the medical aspect of a case, of far more account than the acceptance of an expert's fee.

During the last few years of his life Dr. Bancroft took great interest in the subject of state supervision of the insane. For years he had been painfully aware of the fact that the state took little real interest in the condition and needs of its poor insane. He was among the first of asylum superintendents to join the national conferences of charities. In 1880 he was appointed chairman of a committee, and drew up a report containing many important suggestions on the treatment of insanity, which was signed by many men who had previously held divergent views. He labored strenuously to establish state supervision in his own state, and he lived long enough to see a State Board of Lunacy in successful operation, rendering infinite good to many unfortunate people who had the dire misfortune of insanity added to that of poverty.

The same gentle, just, and sympathetic qualities that made Dr. Bancroft so valued a counsellor in public and private cases throughout the state greatly endeared him to his family and most intimate acquaintances, and to them his death brings an irreparable loss. At the time of his last illness Dr. Bancroft was a member of the New Hampshire State Medical Society, of the National Association of Medical Superintendents of Institutions for the Insane, and president of the New England Psychological Society.

C. P. B.

DR. LELAND J. GRAVES.

Dr. Leland J. Graves, of Claremont, son of David J. and Mary Leland Graves, was born in Berkshire, Vt., May 24, 1812, and died February 22, 1891.

The Green Mountains, with their stores of mineral wealth, a flora which has given a name to the state, clear, swift-running streams, and a pure air, attracted and led him to a life

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study of nature, and he became in later years one of the best botanists, geologists, and mineralogists of our country. Every tree, plant, and stone was a friend and companion to him, and every star visible to the naked eye was his personal acquaintance.

At the age of seventeen years he left his native town, and lived with an uncle in Weathersfield. At an early age he was fitted for school teaching, and for sixteen winters he taught the sons and daughters of his native state the three R's, and much more not found in ordinary school-books. During these years he was fitted for college at the academies of Chester, Cavendish, and Ludlow, but was prevented from entering Dartmouth by an illness which for four years held him captive, and entailed upon his after life almost constant pain, a crippled leg. When again able to do full duty the cherished project of his life—a college classical course—was reluctantly abandoned. He had no taste for commercial adventures, he could not travel, but he was a student, and advanced far beyond the ordinary college graduate, for the four years of illness had not been lost. What more natural than that he should enter the profession of medicine, which embraces all sciences and learning within its borders.

He became a student of medicine under the tutorship of Dr. Ludlow, and later of Drs. Dixi Crosby, Peaslee, and Hubbard. He attended medical lectures at Woodstock, Vt., and at Hanover, and he was graduated from Dartmouth, May 10, 1842. He selected Langdon, N. H., as his field of labor, locating about one half mile from the centre and post-office, near some cross roads, for he knew, if successful, Charlestown, Walpole, Alstead, and Acworth, surrounding towns, must be in his circuit; and his foresight was correct, for in a short time he was the physician and surgeon of his section. Excellent results in fractures and dislocations told of his perseverance and ingenuity; skill—luck, some would say—attested a wonderful facility in saving mother and child in his extensive obstetric practice; in children's diseases without a peer; a physician under whose care any family might feel safe. Many students sought his teachings, which certainly had this peculiarity, he made them head nurse, or, perhaps they would prefer the term,

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his assistant, in the families where typhoid or lung fever of severe type, or severe injury, was found, and their ingenuity was taxed to make splints and fracture-beds, and many other contrivances his fertile brain would suggest. Twenty-six years he remained the counsellor, the friend, the physician, the philanthropist, of Langdon and its adjoining towns.

While we may see the infirmities of old age in others, too seldom are we able or willing to see it in self. He knew that the four years illness, a most laborious practice, constant suffering, study regardless of sunlight upon his book or midnight oil, had weakened his strong constitution, and while still able he prescribed for himself wisely—removal to another town, rest and quiet, the enjoyment of culling over and arranging his large botanical and mineralogical collections.

It was a pleasure to get him out in a carriage among his friends, and to drink in as much as possible his talks about this peculiar plant and that rare tree; but do not be in a hurry, for a rare mineral specimen his eye has spied must be secured, or a flower he has not seen for years; and he was never annoyed because asked for the common name of some favorite child with its long Latin surname and given name—all so familiar to him; or, on the late homeward trip, to hear him speak of this and that star companion of his for so many years.

He was not a recorder in books or papers, for he did not seem to have time to write for publication as long as there was one more of nature's secrets to find. His facility for retaining names and facts was remarkable. Would that the digested knowledge in his brain had been left in readable form for our instruction. It is needless to say that such a man was the leader and guide in church and state, a light and a blessing to the community.

T. H.

DR. W. B. MOODY.

William Bradstreet Moody, M. D., died in Franconia, June 1, 1891, of concussion of the brain, caused by being thrown from his carriage May 13. Dr. Moody was born in East Landaff (now Easton), December 25, 1827. His earlier years were

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spent in his native vicinity, but at or about the age of seventeen he went to Franklin Falls, where he attended school three years, and, later, began the study of medicine under the direction of Dr. Luther M. Knight, which studies he finished at Hanover, taking his degree in 1850.

He was married in 1851, and began the practice of medicine at North Sandwich. After about a year he went to Boston, and served several months in the hospital, going from there to Meredith; thence to Springfield, Mass.; thence to Sag Harbor, Long Island; thence to Brownington, Vt.; thence to Franconia, where he practised twenty-one years almost uninterruptedly up to the moment of the accident that caused his death.

Pages might be written lauding his noble deeds, his magnanimity, his pure unselfishness, and his unwavering devotion to duty,—one of the most kind-hearted of men, disbursing his generous hospitality with lavish hand, and extending aid and comfort wherever and whenever needed. Truly has it been said, "He was the poor man's friend," for never did man or beast go from his door with wants unsatisfied. His genial presence, his contagious smile, and his ready sympathy in the sick-room were like a ray of sunshine in a winter's day, brightening the hopes and dispelling the dreariness within. He loved his profession, had an extensive practice, and was successful beyond measure.

He was an active member of the White Mountain Medical Society, of which he had been president, and of the New Hampshire Medical Society, and was a constant attendant upon their meetings. He was also a member of the Masonic Fraternity, under whose auspices he was buried. His life was unostentatious, never accepting political or social honors, and his family relations were extremely happy. He leaves a devoted wife and daughter to deplore his sad and untimely death. In attestation of the widespread and universal sorrow, it may be added that the academy closed on the day of the funeral, and that friends came by the hundreds, and from miles around, to pay loving tribute to his worth.

The following extract from the correspondence of the New York *Journal of Commerce*, by W. C. Prime, are so just an

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analysis of the work of the deceased that I submit them to the Society, as an illustration of the character of the country doctor as seen and appreciated by the summer tourist:

"The title 'village doctor, seems somewhat commonplace. It is common, but it is not necessarily commonplace. In Dr. Moody's case it was the title of greatness, such as men do not often attain in large cities or among crowded populations. You who live in cities and know physicians as you see them in city practice do not give much thought to the lives and work of the thousands of medical men in all rural parts of the country. The city physician has cares and responsibilities. What man has not? He may be called in haste, called at untimely hours. But, as a rule, such calls are from his regular patients, or, in any case, are parts of the life of labor he has chosen with expectation that he will receive payment. He feels and exercises entire liberty to refuse his services where there is no ability to pay. While he is more or less charitable in giving his services to the poor, he gives them as charity, and retains full right to decline giving them. In short, the practice of medicine in the city is business, and this is right enough. But it cannot be so in the country. In a country neighborhood the only physician within reach of a sick man or woman or child cannot refuse his services because of the poverty of the family: So it comes about that the village doctor is in a sense responsible for the health of the entire community, while the city doctor is responsible only for the patients he chooses to accept.

"Country practitioners have thus opportunity for great usefulness. And I think it is the rule with them to fulfil their duties, and utilize their opportunities for benevolence. But there is a wide distinction between giving as a mere gift, in what we commonly call charity, and giving out of the heart that has warm interest in the person to be helped. A man does not think himself benevolent or charitable when he gives to his wife, his child, or to any one he loves.

"My friend, Dr. Moody, gave his life's work, all his time, day and night, to the people of Franconia and the surrounding townships, because he felt a warm personal interest in them all, young and old, poor and well-to-do. The position he occupied was analogous to that of the country minister in old

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times. The people belonged to him and he belonged to them. He was the shepherd of a large flock, scattered over the hills, and cared for their physical ailments as the pastor used to have the cure of their souls. Such men are rare, even among the many laborious and skilful practitioners of medicine in the country.

* * * * * * *

"Learned, skilful, with a reputation extending throughout the northern part of the state, Dr. Moody found his highest gratification in taking care of the people of Franconia valley. And how they loved and honored him was shown by the scene on Wednesday at his funeral. The assembly was the largest ever known here. The day was in sympathy with the people. It was a dark, melancholy day; cloudy, without rain. Standing in front of the church, you would have seen on the roads, coming down the hills and along the valley, in every direction, wagons, carriages, buggies, all sorts of vehicles, all loaded with people, all the people mourners. Houses everywhere were left empty, for all came, old and young, mothers bringing their babies in their arms. There was not room for them all in the church. The pulpit end of the church was filled with flowers. The village choir sang funeral hymns. There was a sermon. Masonic rites followed. Then the face of the good doctor was uncovered, and the people passed by and looked at him for the last time. The scene was very touching and very impressive. Almost every one—man, woman, or child—who leaned over the coffin was weeping. It was especially affecting to see the large number of children present. Certainly not less than forty or fifty of them were babes in arms or under three years old. Little girls came up the aisle, bringing to the doctor's coffin small bunches of common wild flowers, their uninstructed tributes of affection. One had a handful of golden dandelions; another, a spray of apple blossoms. It is impossible to mention all the incidents of this kind which marked the grief of an entire community.

"From the church a sad procession went down the road a little way to the Franconia cemetery. It was in truth not a procession. Only the Masons walked in rank. All the others, men, women, and children, in a long, dense mass, walked

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slowly, some in advance, some behind, some on either side of the coffin, the people thus surrounding him to the last, and taking him to rest from long labor.

"The clouds hung high over the mountains, thick and dark all day. The mountains looked indeed like darker parts of the clouds, only, as we came out of the church door, the White Cross lay before us in majestic beauty high on the dark slope of Mt. Lafayette. At the instant when the burial was complete the clouds began to drop tears. Night settled down, gloomy, cold, and rainy, over the bereaved valley.

"The man whose funeral was thus attended needs no words of eulogy. He must have been a man of extraordinary character. It is not in the ordinary man to win the loving respect of all the people in a large community. Nor was this won by Dr. Moody's professional ability, great as that was. It was by the unfailing goodness and tenderness of his large heart, the constant self-sacrificing life he devoted to all the people. He was born among them more than sixty years ago, lived among them and for them, and lies among them at the end. Nor does it seem improper to add that the evidence of his abounding charity is in the fact that after forty years of a large practice, occupying his entire energies day and night, he leaves no accumulation of property. He accepted payment in the affection and gratitude of the people."

G. W. McGregor.

ALBERT GALLATIN FENNER, M. D.

Albert Gallatin Fenner, M. D., the son of Elhanan W. Fenner, was born Dec., 1, 1813, in Taunton, Mass. He attended the common schools in Taunton, and in 1823, after his father removed to Dover, N. H., was a student at Franklin academy in that city. He read medicine with Arthur Livermore Porter, M. D., of Dover, and attended medical lectures in 1832 and 1833 at Dartmouth Medical School at Hanover, N. H., from which school he received the degree of Doctor in Medicine in 1850.

He opened his office in Dover, N. H., in 1834, and practised

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continuously in that city till his death, which occurred March 3, 1891. He was made a Fellow in the New Hampshire Medical Society in 1857; was a member and ex-president of the Strafford District (N. H.) Medical Society and of the Dover Medical Society.

Dr. Fenner never lost his interest in the classics, of which he had tasted as a student in the academy, and he read his Latin and Greek authors daily until the last. Years ago, after he was engaged in practice, he took up the study of Hebrew, and persevered till he read his Bible in the original as well as in his mother tongue. He taught school during his student days, and was ever after deeply interested in the education of the youth of Dover, serving with great acceptance for many years upon the Dover school committee.

He was a lecturer of local repute, and in his earlier years lectured in Dover and in neighboring towns upon temperance and peace. He was of the first in his own town to take his stand with the abolition party, and did his share in arousing public sentiment against the sin of human slavery. In 1841, at the solicitation of the Methodist Society in Dover, he gave an historical address from the pulpit of that church on the fiftieth anniversary of Methodism in this country. He was an earnest and consistent member of the Methodist church in Dover from 1834 to 1858, and from 1858 till his death he was a member of the First Congregational church of Dover.

He was an industrious man in his profession, as the many manuscript volumes of notes and treatment of his cases, which he left behind him, bear ample testimony. He was one of the most popular of Dover's physicians in a generation which has just passed off the stage; but the burden and infirmity of years compelled him to relax his energies in the profession of his choice, and for several years prior to his death he was practically retired. He will be specially remembered by his fellow-citizens for his kindness to the poor.

He married, May 8, 1838, Miss Mary H., daughter of Benjamin, Wiggin, of Dover, who, with two sons and one daughter, survives him.

JOHN R. HAM.

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HERBERT C. CUMMINGS.

This Society has rarely suffered so great a loss by the death of a single member as it has in that of Dr. Herbert C. Cummings.

His parents were Enoch P. and Mary Russell Cummings, who formerly lived in Sutton, N. H., where the doctor was born, June 11, 1860. Eleven years later they moved to Concord, in the schools of which city Dr. Cummings received his education, graduating from the high school in 1879. The two following years were passed in the drug store of C. H. Martin & Co., of Concord, where he gained that broad practical knowledge of drugs and their compounds so noticeable in his practice. On leaving the drug store he began the regular study of medicine with his uncle, our honored president, Dr. Moses W. Russell.

In 1881 he took one course of lectures at the Dartmouth Medical College, and subsequently two courses at the University Medical College of New York, where he graduated in February, 1884. He began at once the active work of his profession in company with his uncle, in Concord.

In 1885 he was elected city physician and member of the city board of health, holding the former position for nearly four years, and continuing on the board of health till his death. He was a member of the assistant staff of the Concord city hospital, and deeply interested in its welfare.

He was a great favorite as a lecturer before the nurses in the training-school. His practical knowledge of his subject, "Medicines: proper doses and administration," enabled him to avoid all technicalities, and to treat it in a way wonderfully clear and easily to be grasped by his hearers.

He joined the State Medical Society in 1884, and was always ready and willing to fulfil any duties assigned him. He was a member of the Centre District Medical Society, and was its secretary at the time of his death. He was also a member of the Blazing Star Lodge of Masons.

In the midst of a rapidly growing practice, he was stricken down by typhoid fever, and died September 1, 1890. Few young men ever so gain the confidence and respect of the

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public as did Dr. Cummings. Open and frank with all, he instinctively shrank from anything underhanded in dealing with patients or brother-practitioners. None could be more devoted or sympathetic to those in sickness and affliction.

In the sanitary condition of the city he was deeply interested, and in the words of his associates on the board of health he was "a zealous advocate of sanitary reform, yet never acting without good reasons; a firm believer in modern hygiene, yet never obtruding his opinions unless solicited, he was ever ready to stand by his convictions unless good reason was advanced to prove that a change of sentiment would enhance the value of the work." A brilliant, useful career seemed to be assured, and his death was indeed a public loss.

C. R. W.

JOSEPH H. PITMAN, M. D.,

Was born in Bartlett, N. H., July 30, 1857, and was the son of G. W. M. Pitman and Emeline Chubbock. He fitted for college at the North Conway and Fryeburg, Me., academies, but on account of failing health did not enter college, though for some years he taught successfully in various schools in the state. He subsequently studied medicine and attended lectures at the Bowdoin and Dartmouth medical schools, graduating from the latter in November, 1883. The succeeding winter he passed in New York city in attendance upon a post-graduate course. He began practice in North Conway in the spring of 1884, and then pursued the same up to the time of his death.

He was a member of the Carroll County Medical Association and of the New Hampshire Medical Society, in the proceedings of which he manifested a deep interest. He was devoted to his profession, and had attained an enviable reputation in the practice of the same. In local affairs he also enjoyed a well merited prominence. At the age of twenty-four he became master of the Mt. Washington Lodge of Free Masons, and as such served for several terms. He was also presiding officer of the Saco Valley Lodge of Odd Fellows, and district deputy of that order. Since 1884 he was president of the local board of health.

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Dr. Pitman died in North Conway, January 11, 1891, of pneumonia, at the age of thirty-three years and six months. A wife and one daughter survive him.

J. J. B.

HERBERT D. HICKS, M. D.

Herbert Dexter Hicks, M. D., was born in Boston, Mass., February 14, 1852. He received an education in the Boston public schools and an academical course of instruction in the English branches together with Latin and French languages, at Dean academy, Franklin, Mass. Afterwards he took a commercial course at the Bryant & Stratton Business College in Boston. He began to study medicine with Elisha W. Aiken, M. D., of Boston, in 1870, and matriculated at the Harvard Medical School in 1871, where he studied medicine two years, and then, on account of failing health, ceased study, to enter business in 1874. In 1877 he reëntered the Harvard Medical School, finished the course in 1878, and received the degree of Doctor of Medicine in 1879. He commenced practice in Boston as a physician in October, 1878, under license of Suffolk District Medical Society of Massachusetts. The first year of practice was spent in dispensary work and in attendance on hospitals, and in post-graduate courses of the Harvard Medical School. From August 20 to December 1 he was post surgeon at Fort Warren, in Boston harbor. In 1880–'81 he was employed as one of the corps of medical examiners of the John Hancock Life Insurance Company, of Boston, Mass. He remained in Boston until January, 1884, when he removed to Amherst, N. H., commencing practice there on January 22 of that year. He was a member of the Massachusetts Medical Society, and the author of "A Case of Mitral Disease, with Compensatory Hypertrophy," read before the Suffolk District Medical Society, of Boston, Mass., and published in the proceedings of that body in the subsequent issue of the Boston *Medical Journal*. He was also the author of an article on "Coca," which was published in the New York *Medical Journal* of February 23, 1884, and which has been extensively quoted and referred to in other publications.

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Dr. Hicks had been in feeble health for some months, and for some months prior to his decease was unable to attend to his professional work. While visiting friends in Boston, he contracted pneumonia, which terminated in his death, April 8, 1891. J. J. B.

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CENTENNIAL ANNIVERSARY, 1891.

LIST OF THE FELLOWS

OF THE

NEW HAMPSHIRE MEDICAL SOCIETY.

N. B. The Secretary requests members to examine this list closely, and notify him of any corrections to be made, as it is intended to publish the roll of members annually, and it is desirable to make it as accurate as possible. *Members allowing themselves to become three years in arrears for dues will find their names dropped from the roll, as it is construed that they no longer desire to remain connected with the Society.* Members are not entitled to a copy of the Transactions until their dues are paid to the Treasurer. An asterisk (*) indicates a retired member.

Admitted.	Name.	Residence.
1872.	Abbott, A. W.	Laconia.
1882.	Abbott, Edward	Tilton.
1876.	*Abbott, O. D.	Manchester.
1873.	Adams, D. S.	Manchester.
1875.	Adams, Ira H.	Derry Depot.
1884.	Aiken, F. J.	Pittsfield.
1888.	Aldrich, W. H.	Marlborough.
1886.	Allen, Bradford	Nashua.
1878.	Allen, Carl A.	Acworth.
1890.	Allen, C. J.	Peterborough.
1886.	Allen, George E.	Bradford, Mass.
1876.	Anthoine, I. G.	Antrim.
1871.	Atkinson, W. P.	Eaton.
1882.	Bancroft, Charles P.	Concord.
1885.	Bean, J. W.	West Medford, Mass.
1873.	*Berry, Ed. S.	Concord.
1886.	Berry, John J.	Portsmouth.

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Admitted.	Name.	Residence.
1886.	Blair, A. W.	Dorchester, Mass.
1878.	Blaisdell, Frank	Goffstown.
1869.	Blaisdell, George C.	Contoocook.
1886.	Blake, Chas. A.	Bridgewater, Mass.
1885.	Blake, W. P.	Farmington.
1889.	Blaylock, Ella	Nashua.
1879.	Boutwell, Henry T.	Manchester.
1883.	Boutwell, Henry W.	Manchester.
1889.	Boynton, O. H.	Lisbon.
1888.	Brigham, Frank E.	Salmon Falls.
1865.	Brown, J. Frank	Manchester.
1871.	Brown, J. P.	Taunton, Mass.
1870.	*Burnham, A. C.	Hillsborough Bridge.
1856.	Burnham, Hosea B.	Manchester.
1879.	Buswell, Albert C.	Epping.
1884.	Burns, Robert	Plymouth.
1880.	Butler, Jacob N.	Lempster.
1891.	Cain, W. G.	Marlborough.
1856.	Carbee, S. P.	Haverhill.
1867.	Carr, E. L.	Pittsfield.
1869.	Carter, W. G.	Concord.
1869.	*Carlton, C. A.	Salem, Mass.
1879.	Carvelle, H. de W.	Manchester.
1874.	Chase, W. D.	Peterborough.
1873.	Chamberlain, D. T. P.	Dover.
1891.	Cheney, Jona. M.	Ashland.
1867.	Child, William	New Hampton.
1883.	Chesley, A. P.	Concord.
1884.	Clark, Levi	Pittsfield.
1891.	Clough, L. Willard	Bethel, Vt.
1876.	Cogswell, J. R.	Warner.
1865.	Conn, G. P.	Concord.
1869.	Cook, George	Concord.
1891.	Crosby, Dixi	Hanover.
1881.	*Cummings, A. R.	Claremont.
1845.	*Currie, T. H.	Lebanon.
1882.	Currier, E. H.	Manchester.
1873.	Currier, D. M.	Newport.
1879.	Cutler, John H.	Peterborough.
1873.	Cutter, George I.	West Swanzey.

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Admitted.	Name.	Residence.
1878.	Danforth, M. S.	Manchester.
1890.	Davis, George M.	Bedford.
1867.	Davis, James A.	Lebanon.
1890.	Day, Arthur K.	Concord.
1876.	Dearborn, D. S.	Milford.
1854.	Dearborn, S. G.	Nashua.
1869.	Dinsmoor, S. M.	Keene.
1881.	Dinsmore, W. H.	Nashua.
1878.	Dix, M. C.	Hinsdale.
1878.	Dodge, C. M.	Manchester.
1888.	Dodge, Henry	Webster.
1883.	Drake, C. B.	West Lebanon.
1840.	*Eastman, J. C.	Hampstead.
1883.	Eastman, O. D.	Woodsville.
1879.	Emerson, A. L.	Chester.
1880.	Emery, Alfred E.	Penacook.
1889.	Erskine, James B.	Colebrook.
1866.	*Evans, Earl	Winchester.
1878.	Fairbanks, C. A.	Dover.
1890.	Faulkner, H. K.	Keene.
1877.	Felt, M. H.	Hillsborough Bridge.
1883.	Fisher, E. C.	Sunapee.
1883.	Fisher, F. P.	Enfield Centre.
1883.	Flanders, Charles F.	Manchester.
1868.	Foster, T. S.	Laconia.
1862.	*Fowler, H. B.	Bristol.
1891.	Fox, Isaac N.	Rumney.
1885.	French, Edward	Concord.
1880.	French, Henry M.	Concord.
1865.	*French, Leonard	Manchester.
1875.	French, L. M.	Manchester.
1872.	Frost, Carlton P.	Hanover.
1839.	*Gage, Charles P.	Concord.
1887.	Garland, William R.	Campton Village.
1882.	George, Charles F.	Goffstown.
1881.	Gibson, Charles R.	Woodsville.
1855.	Gould, True M.	Raymond.
1865.	Goodhue, D. P.	Springfield.

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1889.	Gorham, George H.	Alstead.
1853.	*Goss, Oliver	Lake Village.
1886.	Goss, O. W.	Lake Village.
1885.	Gould, Chas. R.	Tilton.
1883.	Gove, George S.	Whitefield.
1883.	Grant, L. E.	Great Falls.
1869.	Graves, E. E.	Boscawen.
1869.	*Graves, F. W.	Woburn, Mass.
1890.	Gray, George H.	Lynn, Mass.
1887.	Gross, Chas. W.	Milton.
1869.	Ham, J. R.	Dover.
1882.	Hammond, C. B.	Nashua.
1863.	Hanson, C. W.	Northwood Ridge.
1887.	Harmon, M. A.	Ossipee.
1888.	Harriman, A. H.	Laconia.
1880.	Hatch, G. W.	East Wilton.
1888.	Hawkins, F. D.	Meredith.
1887.	Hayes, John A.	Somersworth.
1839.	Hill, L. G.	Dover.
1890.	Hill, Roscoe	Epsom.
1886.	Hiland, Thomas	Concord.
1888.	Hodsdon, E. W.	Centre Sandwich.
1882.	Hoitt, Geo. C.	Manchester.
1872.	Holbrook, Guy	Lowell, Mass.
1885.	Holbrook, Henry C.	Penacook.
1888.	Holcombe, C. H.	Brookline.
1886.	Houghton, E. F.	Claremont.
1864.	How, L. B.	Manchester.
1891.	Hoyt, Jane E.	Concord.
1889.	Humiston, F. G.	East Jaffrey.
1882.	Hutchinson, H. S.	Milford.
1890.	Hyland, Jesse B.	Keene.
1881.	Jackson, Joseph A.	Manchester.
1884.	Jarvis, Leonard	Claremont.
1876.	*Jarvis, S. G.	Claremont.
1876.	Jones, D. W.	Portsmouth.
1883.	Jones, F. P.	Mill Village.
1887.	Jones, Fred W.	New Ipswich.
1883.	Judkins, F. L.	Lynn, Mass.
1884.	Junkins, William O.	Greenland.

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Admitted.	Name.	Residence.
1891.	Kean, M. E.	Manchester.
1867.	*Kelley, C. K.	Plymouth.
1890.	Kenison, N. S.	Suncook.
1886.	Kimball, George M.	Concord.
1870.	Kimball, J. R.	Suncook.
1860.	*Kingsbury, C. F.	Medford.
1890.	Kittredge, Frank E.	Nashua.
1891.	Lamb, Zenas	Enfield.
1882.	Lanouette, Joseph E. A.	Manchester.
1869.	Larabee, G. H.	Suncook.
1876.	Lathrop, M. C.	Dover.
1889.	Leith, Wm. H.	Lancaster.
1885.	Lemaitre, Joseph E.	Manchester.
1884.	Leet, George C.	Canaan Street.
1891.	Leet, Jas. H.	Enfield.
1885.	Leonard, William S.	Hinsdale.
1887.	Lougee, George W.	Freedom.
1856.	*Lougee, I. W.	Rochester.
1891.	Lyons, Wm. H. A.	Manchester.
1854.	*Manahan, Val	Enfield.
1873.	Manchester, C. W.	Lebanon.
1889.	Marble, Henry	Gorham.
1890.	Marston, Enoch Q.	Sandwich.
1882.	Mason, J. E.	Manchester.
1847.	*Mason, W. H. H.	Moultonborough.
1888.	McGregor, G. W.	Littleton.
1868.	McQuesten, E. F.	Nashua.
1887.	Megrath, Wm. A.	Loudon.
1888.	Merrill, J. F.	Scytheville.
1885.	Merrow, A. D.	Freedom.
1882.	Mitchell, Ezra, Jr.	Lancaster.
1891.	Morey, G. B.	Manchester.
1882.	Morse, Charles A.	Newmarket.
1881.	Moffett, Frank T.	Littleton.
1880.	Morrill, S. C.	Concord.
1883.	Munsey, G. F.	Greenville.
1880.	*Nelson, D. B.	Laconia.
1887.	Newell, Henry E.	Derry Depot.
1873.	Nichols, C. B.	Sacramento, Cal.

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Admitted.	Name.	Residence.
1883.	O'Brien, C. C.	Groveton.
1868.	Odell, J. W.	Greenland.
1888.	Osgood, George E.	East Barrington.
1881.	Otis, E. O.	Exeter.
1874.	Palmer, Haven	Plymouth.
1885.	Parker, H. R.	Dover.
1868.	Parsons, John W.	Portsmouth.
1856.	Pattee, Luther	Manchester.
1880.	Pattee, W. H.	Manchester.
1850.	*Peabody, L. W.	Henniker.
1879.	Perkins, F. B.	Londonderry.
1889.	Petit, A. Wilfred	Nashua.
1884.	Pettengill, James B.	Amherst.
1853.	*Phillips, B. H.	Suncook.
1891.	Pickard, Daniel	Franklin Falls.
1869.	*Pike, C. C.	Peabody, Mass.
1877.	Porter, W. B.	Walpole.
1882.	Powers, G. H.	Acworth.
1880.	Pray, J. W.	East Northwood.
1882.	Preston, J. W.	Great Falls.
1889.	Prichard, Kate E.	Nashua.
1883.	Prouty, Ira J.	Keene.
1889.	Quimby, John Grant	Lake Village.
1884.	*Randall, F. D.	Leavitt Hill.
1891.	Rawson, Geo. W.	Hillsborough Bridge.
1886.	Raynes, J. B.	Lebanon.
1877.	Richardson, A. P.	Walpole.
1890.	Richmond, Allen P.	Dover.
1857.	Roberts, S. W.	Wakefield.
1851.	*Robinson, A. H.	Concord.
1887.	Robinson, John F.	Manchester.
1879.	Robinson, J. L.	Manchester.
1878.	Russell, J. Wallace	Concord.
1869.	Russell, M. W.	Concord.
1888.	Saltmarsh, Geo. H.	Lake Village.
1884.	Sanborn, C. A.	Redlands, Cal.
1880.	Sanborn. G. H.	Henniker.
1858.	*Sanborn, J. H.	Franklin Falls.

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Admitted.	Name.	Residence.
1881.	Sanborn, T. B.	Newport.
1887.	Scott, N. H.	Wolfeborough.
1870.	Scruton, J. E.	Union.
1890.	Shea, A. W.	Nashua.
1888.	Smith, A. Noel	Dover.
1888.	Smith, Henry O.	Hudson.
1870.	*Smith, J. Ranlet	Gloucester, Mass.
1879.	Smith, W. T.	Hanover.
1888.	Spaulding, F. W.	Epping.
1844.	*Stackpole, P. A.	Dover.
1882.	Staples, J. W.	Franklin Falls.
1891.	Steel, Minot A.	Hampstead.
1887.	St. Germain, Joseph P.	Suncook.
1875.	Stillings, F. A.	Concord.
1890.	Stokes, D. L.	Rochester.
1880.	Stone, M. T.	Troy.
1891.	Straw, Amos G.	Manchester.
1876.	Sturtevant, C. B.	Manchester.
1891.	Sullivan, D. E.	Concord.
1891.	Swazey, Chas. E.	Great Falls.
1841.	*Swett, J. L.	Newport.
1877.	Tolles, C. W.	Claremont.
1890.	Towle, G. H.	Deerfield.
1878.	Towne, G. D.	Manchester.
1874.	Tucker, E. M.	Canaan.
1890.	Tufts, Chas. A.	Dover.
1891.	Tuttle, Karl A.	Suncook.
1844.	*Twitchell, G. B.	Keene.
1888.	Vittum, Stephen	Laconia.
1880.	Wade, E. A.	Salem Depot.
1887.	Wadleigh, W. K.	Hopkinton.
1878.	Walker, C. R.	Concord.
1886.	Wallace, Ellen A.	Manchester.
1879.	Watson, I. A.	Concord.
1860.	*Waterhouse, William	Barrington.
1887.	Way, Osman B.	Claremont.
1883.	Weaver, C. A.	New Boston.
1882.	Weymouth, G. W.	Lyme.

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Admitted.	Name.	Residence.
1845.	*Weymouth, H. A.	Andover.
1877.	Welch, S. N.	Sutton.
1858.	*Wheat, Thomas	Manchester.
1863.	Wheeler, J. H.	Dover.
1853.	Wheeler, John	Pittsfield.
1872.	Whittier, S. C.	Portsmouth.
1891.	Wilcomb, W. W.	Suncook.
1857.	Wilkins, W. W.	Manchester.
1890.	Willey, Bertram E.	E. Weymouth, Mass.
1878.	*Wilson, J. W.	Contoocook.
1889.	Woodman, M. S.	West Lebanon.
1883.	Woodward, J. N.	Nashua.
1879.	Young, Leander J.	Haverhill, Mass.

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